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| (ADR for Hague Convention) (Form1-4)**Application for Mediation**To: Aichi Bar Association Dispute Resolution Center |
| Date of application Month Date Year  |
| Applicant | Name | Print: Sign:  |
|  | Name(s) of the Child(ren) and Birth Date(s):  Name: (Birth Date: ) (MM/DD/YYYY) Name: (Birth Date: ) (MM/DD/YYYY)  Name: (Birth Date: ) (MM/DD/YYYY) Name: (Birth Date: ) (MM/DD/YYYY)Date of the wrongful removal or retention (MM/DD/YYYY) |
| Respondent | AddressName | Postal Code:   Telephone: Facsimile:E-mail:□ Please check if video conference (Skype) can be used(Skype name ) |
| <Attorney>AddressName | Postal Code:   Telephone: Facsimile:E-mail:□ Please check if video conference (Skype) can be used(Skype name ) |
| 1. Claim(s) of the applicant ……… Please briefly describe the conclusions that you seek.

(e.g., I want to have contact with 　　　　　　　　　 via Skype once a week.). |
|  I seek mediation with the following conclusions.  |
|  □ |
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| 1. Reason for claim(s) ……… Please briefly explain your situation/case.
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| 1. Evidences ……… Please describe the evidences you have.

(e.g., document showing the applicant’s the right of custody) |
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Contact Information Sheet (Applicant)

Name:

* Address:
* Telephone:
* Facsimile:
* E-mail:
* Skype name:

\* You can pursue the mediation proceeding without disclosing your contact information (and your name, if there has been any change to your name) to the respondent. Please check □ on the left side of the information which you **agree** to be disclosed to the respondent.

\* If you don’t want to disclose your contact information to the Center, you do not need to fill in all of the columns above. Provide, however, that please let the Center know one contact information (e.g., e-mail).

\* Please note that you will need to disclose your address when you reach an agreement through mediation and enter into a settlement agreement with the respondent.