

ANNEX I

FORM I

Certificate issued in accordance with Article 5 of the Regulation (EU) No 606/2013 of the European Parliament and of the Council on mutual recognition of protection measures in civil matters ⁽¹⁾

1. Date of ordering of the protection measure (dd/mm/yyyy):

2. Date on which the protection measure became enforceable if different [optional] (dd/mm/yyyy):

3. Reference number of the protection measure [optional]:

4. Authority which ordered the protection measure if different from the authority issuing the certificate [optional]

4.1. Official name:

4.2. Full address

4.2.1. Street and number/PO box:

4.2.2. City:

4.2.3. Postal code:

4.2.4. Member State:

AT	BE	BG	CY	CZ	DE	EE	EL	ES	FI
FR	HR	HU	IE	IT	LT	LU	LV	MT	NL
PL	PT	RO	SE	SI	SK	UK	Other:		

4.3. Tel. No:

4.4. Fax No [optional]:

4.5. E-mail [optional]:

4.6. Contact person [optional]

4.6.1. Surname and given name(s):

5. Date of issuing of the certificate (dd/mm/yyyy):

6. Reference number of the certificate:

7. Authority issuing the certificate

7.1. Official name

7.2. Full Address

7.2.1. Street and number/PO box:

7.2.2. City:

7.2.3. Postal Code:

7.2.4. Member State:

AT	BE	BG	CY	CZ	DE	EE	EL	ES	FI
FR	HR	HU	IE	IT	LT	LU	LV	MT	NL
PL	PT	RO	SE	SI	SK	UK	Other:		

7.3. Tel. No:

7.4. Fax No [optional]:

7.5. E-mail [optional]:

7.6. Contact person [optional]

7.6.1. Surname and given name(s):

7.6.2. Tel. No [optional]:

7.6.3. Fax No [optional]:

7.6.4. E-mail [optional]:

7.6.5. Please indicate the language(s) that may be used for any communication that may arise with the issuing authority in addition to the official languages required for transcription and translation of the certificate [optional]

BG	ES	CS	DE	ET	EL	EN	FR	GA	HR
IT	LV	LT	HU	MT	NL	PL	PT	RO	SK
SL	FI	SV	Other:						

8. Information regarding the protected person

8.1. Surname and given name(s):

8.2. Date of birth (dd/mm/yyyy):

8.3. Place of birth [optional]:

8.4. Identify number [optional]:

8.5. Postal address for purposes of notification to the protected person. **Please be advised that this address may be disclosed to the person causing the risk.**

8.5.1. Street and number/PO box:

8.5.2. City:

8.5.3. Postal Code:

8.5.4. Country:

AT	BE	BG	CY	CZ	DE	EE	EL	ES	FI
FR	HR	HU	IE	IT	LT	LU	LV	MT	NL
PL	PT	RO	SE	SI	SK	UK	Other		

8.5.5. E-mail [optional]:

9. Information regarding the person causing the risk

9.1. Surname and given name(s):

9.2. Date of birth (dd/mm/yyyy) [optional]:

9.3. Place of birth [optional]:

9.4. Identify number [optional]:

9.5. Postal address for purposes of notification

9.5.1. Street and number/PO box:

9.5.2. City:

9.5.3. Postal Code:

9.5.4. Country:

AT	BE	BG	CY	CZ	DE	EE	EL	ES	FI
FR	HR	HU	IE	IT	LT	LU	LV	MT	NL
PL	PT	RO	SE	SI	SK	UK	Other:		

9.5.5. E-mail [optional]:

10. Specification of the protection measure certified by the certificate

10.1. Which of the following obligations have been imposed on the person causing the risk by the protection measure? (The protection measure could contain several types of obligations).

10.1.1.

A prohibition or regulation on entering the place(s) where the protected person resides, works, or regularly visits or stays

10.1.1.1. Please indicate the **address** of the place to which the prohibition or regulation applies if specific address is available [optional]

10.1.1.1.1. Full address

10.1.1.1.1.1. Street and number/PO box:

10.1.1.1.1.2. City:

10.1.1.1.1.3. Postal Code:

10.1.1.1.1.4. Member State:

AT	BE	BG	CY	CZ	DE	EE	EL	ES	FI
FR	HR	HU	IE	IT	LT	LU	LV	MT	NL
PL	PT	RO	SE	SI	SK	UK	Other:		

10.1.1.2. Please indicate what is the function of the place in question or the extent of the area covered by the protection measure

10.1.1.2.1. the place of residence of the protected person

10.1.1.2.2. the place of work of the protected person

10.1.1.2.3. the place that the protected person visits or stays on a regular basis

Please specify the type of place:

10.1.1.2.3.1. school/educational institution

10.1.1.2.3.2. place of residence of relatives or friends

10.1.1.2.3.3. place of worship

10.1.1.2.3.4. hospital or health institution

10.1.1.2.3.5. other:

10.1.1.3. Please indicate whether the obligation imposed by the protection measure on the person causing the risk applies to a **circumscribed area**

10.1.1.3.1. No, the protection measure applies only to the specific address as indicated

10.1.1.3.2. Yes, the protection measure applies to approximate radius from the specific address of (meters) :

10.1.1.4. If the protection measure contains only a **regulation on entering the place indicated above** , please specify the content of this regulation:

If you want to add another place, please fill a separate sheet of paper and attach it to this form

10.1.2. **A prohibition or regulation of contact, in any form, with the protected person, including by phone, electronic or ordinary mail, fax or any other means.**

10.1.2.1. Please specify whether the protection measure contains a **regulation** of contact authorising the person causing the risk to contact the protected person

10.1.2.1.1. No, the protection measure contains a **comprehensive prohibition** covering all forms of contact.

10.1.2.1.2. Yes, the protection measure allows for **contact in certain forms** (more than one box may be ticked)

10.1.2.1.2.1. Please specify what the **form** is:

telephone

post mail

fax

e-mail and other electronic means of communication

third person

other:

Yes, the protection measure allows for **contact in certain circumstances**

10.1.2.1.2.2. Please specify these circumstances

10.1.2.1.2.2.1. Practical arrangements for exercise of rights of access with regard to the child(ren) of protected person

10.1.2.1.2.2.2. Arrangements concerning of maintenance allowance to the protected person or its child(ren)

10.1.2.1.2.2.3. Other:

10.1.3. **A prohibition or regulation on approaching the protected person closer than a prescribed distance**

10.1.3.1. Please specify **the distance** which the person causing the risk has to keep away from the protected person(meters)

10.1.3.2. If the protection measure contains only a **regulation on approaching the protected person**, please specify the **content** of this regulation:

10.2. **Other comments** related to information given above (optional):

11. Duration of the protection measure

Please indicate **the duration of the obligation(s)** imposed on the person causing the risk with regard to:

11.1. A prohibition or regulation on entering the place where the protected person resides, works, or regularly visits or stays

Year(s):

Month(s):

Days:

Other:

If you added other places under point 10.1.1, please indicate the duration of the protection measures for each place on a separate sheet of paper and attach it to this form

11.2. A prohibition or regulation of contact, in any form, with the protected person, including by phone, electronic or ordinary mail ,fax or any other means

Year(s):

Month(s):

Days:

Other:

11.3. A prohibition or regulation on approaching the protected person closer than a prescribed distance

Year(s):

Month(s):

Days:

Other:

12. Duration of the effects of recognition ⁽²⁾

Please indicate the date on which the effects of the recognition expire on the basis of the method provided for in Article 4(4) (12 months, starting from the date of the issuing of the certificate (see field 5) but not exceeding the duration of the original protection measure (see field 11)) (dd/mm/yyyy):

13. Information on requirements for issuing the certificate laid down in Article 6 of the Regulation (EU) No 606/2013

Please note that 13.1 and 13.2 cannot not be ticked together

13.1. The protection measure was ordered in **default of appearance**

13.1.1. Please declare whether the document instituting the proceedings or an equivalent document was served of the person causing the risk or he or she had been otherwise informed of the initiation of the proceeding, in sufficient time and in such a way as to enable him or her to arrange his or her defense

13.1.1.1. Yes

13.1.1.2. No (please be advised that the certificate cannot be issued)

13.2 The protection measure was ordered under a procedure that does not provide for prior notice to be given to the person causing the risk ('**ex-parte proceeding**')

13.2.1. Please indicate whether the person causing the risk had the right to challenge the protection measure

13.2.1.1. Yes

13.2.1.2. No (please be advised that the certificate cannot be issued)

13.3 The protection measure has been **brought to the notice of the person causing the risk**

13.3.1. Yes

13.3.2. No (please be advised that the certificate cannot be issued)

14. Information on the rights granted under art. 9 and 13 of the Regulation (EU) No 606/2013

14.1. Please be advised that, according to Article 9 of the Regulation, the protected person or the person causing the risk have the right to request to the issuing authority of the Member State of origin, the rectification of the certificate (where due to clerical error there is a discrepancy between the protection measure and the certificate) or the withdrawal of the certificate (where it was clearly wrongly granted, having regard to the requirements laid down in Article 6 and the scope of this Regulation).

Such rectification and/or withdrawal may also be decided for the same reasons on the own initiative of the issuing authority of the Member State of origin.

14.2. Please be advised that the person causing the risk can exercise the right granted under Article 13 of the Regulation: **right to apply for the refusal of recognition or enforcement of the protection measure** in case when recognition or enforcement is (a) manifestly contrary to public policy in the Member State addressed; or (b) irreconcilable with a judgment given or recognised in the Member State addressed. Law of the addressed Member State applies. The refusal cannot be based on the ground that the law of the Member State addressed does not allow for such a measure based on the same facts.

15. Other

15.1. Indicate whether the protected person has received a **legal aid** in the issuing Member State in accordance with Council Directive 2003/8/EC of 27 January 2003 to improve access to justice in cross-border disputes by establishing minimum common rules relating to legal aid for such disputes. [optional]

15.1.1. Yes

15.1.2. No

Done at:

**For the purpose of recognition, the certificate must be accompanied by the copy of the protection measure which satisfies the conditions necessary to establish its authenticity (Article 4(2) a).
Please print the form in the official language(s) which the Member State addressed has indicated it can accept and stamp or authenticate it otherwise.**

⁽¹⁾ Further information on national protection measures in civil matters in the EU Member States as provided by the Member States within the framework of the European Judicial Network is available on the E-justice portal.

⁽²⁾ In case of extension of the duration of an initial protection measure limited in duration, a new certificate must be issued.