



Care of Children Act 2004 (section 77): Request for Border Alert

The Child(ren) the request is for:

Family name	Given name(s)	DOB(ddmmyyyy)	Gender	Passport Number (if known)

Applicant(s) details:

Family name	Given name(s)	Address	*24 hour number:	*Mobile/Work:

Respondent(s) details:

Family name	Given name(s)	Address	*24 hour number:	*Mobile/Work:

Signed by Applicant(s) making the request:

Signed:	Date:
Full names:	

Or signed by Lawyer (if you have one):

Signed by lawyer:	Date:
Family name:	Given name(s):
Lawyers address:	Work phone:
Email:	*After hours phone:
	*Mobile:

***Note: These are mandatory fields**

The Court is to notify New Zealand Police (Interpol Office) by sending this signed form and a copy of the Order to:

Email: Interpol.wellington@police.govt.nz |

Post: Interpol Office, Police National Headquarters, Wellington | **Phone:** 04 4749499