CONSULATE GENERAL OF MEXICO  
CONSULAR ASSISTANCE REQUEST FORM  

Date of Request:  ____________________

**TYPE OF ASSISTANCE:**  
- Birth Certificate [ ]  
- Notification [ ]  
- Reunification Services [ ]  
- Search [ ]

**CASE NUMBER:**  ____________________

Request by:  
Name:  
Title:  
Phone number:  
Email:  
Address:  
Fax:  

**PARENT (S) INFORMATION:**

<table>
<thead>
<tr>
<th>Mother’s Name:</th>
<th>Date of Birth:</th>
<th>Place of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(print full name as stated on birth certificate)</td>
<td>(State)</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Other number:</td>
<td></td>
</tr>
<tr>
<td>Type of Identification:</td>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father’s Name:</th>
<th>Date of Birth:</th>
<th>Place of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(print full name as stated on birth certificate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address in Mexico:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Other number:</td>
<td></td>
</tr>
<tr>
<td>Type of Identification:</td>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>

**CIRCUMSTANCES:**

There are special circumstances involved in the case:
- Domestic Violence [ ]
- Physical Abuse [ ]
- General Neglect [ ]
- Abandonment [ ]
- Sexual Abuse [ ]
- Other Specify: ____________________
### CONSULAR ASSISTANCE REQUEST FORM

#### MINORS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER FAMILY MEMBERS:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Kinship</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTORNEYS:**

- **Mother's attorney:**
  -______________________________- Phone number ______________________
  -______________________________- e-mail ______________________

- **Father's attorney:**
  -______________________________- Phone number ______________________
  -______________________________- e-mail ______________________

- **Minor’s attorney(s):**
  -______________________________- Phone number ______________________
  -______________________________- e-mail ______________________

### REQUEST FOR SERVICES IN MEXICO:

- AA Meetings
- Anti-doping Tests
- Anger Management
- Domestic Violence
- Parenting Classes
- Sexual Abuse
- Psychological Therapy
- Substance Abuse
- Other __________________________
  - (specify)

**Date reports by DIF are needed** ______________________

**Next Hearing** ______________________

**Please explain any special requests**

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

**I am attaching additional information (minute orders, copy of birth certificate etc.)**