

FORM FOR FILING A CASE

Unit for the Rights of Children, Ministry of Women's Affairs & Social Security
Republic of Maldives

1. Information about the child

Name:

Age:

- Male
- Female

Address (Island & Atoll):

Present address:

Is the child at school?

- Yes
- No

If Yes, Name of School:

Class:

If No, the reason for leaving school:

Number of children in the family:

2. Information about the child's parents

- Married
- Divorced
- Mother deceased
- Father deceased

Illegitimate child:

- Yes
- No

Number of children the father has:

Number of children the mother has:

3. Information about the father

Name:

Age:

Place of birth (including Island & Atoll):

Registered Address:

Present Address:

Telephone no:

4. Information about the mother

Name:

Age:

Place of birth (including Island & Atoll):

Registered Address:

Present Address:

Telephone no:

6. Information about the child's guardian

Name:

Age:

Place of birth (including Island & Atoll):

Registered Address:

Present Address:

Telephone no:

7. Type of case

- Stealing
- Physical Aggression
- Sexual Offence
- Substance Abuse
- Child Maintenance
- Child Custody
- Truancy
- Anxiety
- Child abuse victim (physical)
- Child abuse victim (emotional)
- Child abuse victim (sexual)
- Other (please specify):

8. Person filing the case

Name:

Present Address:

Telephone no:

Email Address:

Date:

Signature:

Please return the completed form to:

The Unit for the Rights of Children
Ministry of Women's Affairs and Social Security
Umar Shopping Arcade
Chandhanee Magu,
Male', Republic of Maldives