



## Best Interests Assessment Form for the Purposes of Implementing the Dublin Regulation

### Informed Consent/Assent

The country that will examine your asylum request is determined through a process established in a law called the «**Dublin Regulation**».

According to this law, only one country is responsible for examining your request. This law requires us to establish whether Greece is responsible for examining your application or whether another country is responsible – we call this the «Dublin procedure».

The Dublin procedure will not concern your reason for applying for asylum. It will only deal with the question of which country is responsible for making a decision on your application for asylum.

The Dublin system can help you if you are unaccompanied by a parent when you apply for protection. If your parents, siblings or relatives live in one of the Dublin Countries and we manage to find them, we will try to bring you together in the country where your parents or relatives are present. That country will then be responsible for examining your request for protection.

**During this procedure, we will always act in your best interests and we will always take your views into account – for example, as to whether you would like to be reunited with a relative or would prefer not to do so. We will never send you to a country where you do not wish to go.**

**Do you understand what has been explained to you?**

Yes       No

**Do you agree to participate in this process?**

Yes       No

**Child's Name:**

**Age:** \_\_\_\_\_

**Child's Signature:**



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If a child is less than 15 years old then the legal guardian/caregiver should sign for him/her.

**Guardian's/Caregiver's Name:**

**Relationship to the Child:**

I confirm that the informed consent process has been followed and the child (or his/her legal guardian) has freely consented.

Yes     No

**Assessor's Name:**

**Agency:**

**Signature:**

**Date:**

\_\_\_ / \_\_\_ / \_\_\_\_\_



**Basic Personal Data and Case Information**

*(Refer to registration form)*

**Family Name:**

**First Name:**

**Alias:**

**Age:** \_\_\_\_\_

**Sex:**

Male

Female

**Date of birth:**

**Nationality:**

**Ethnicity:**

**Place of birth:**

**Religion:**

**Languages spoken:**

**Years of education:**

**Name of father:**

**Name of mother:**

**Current Caregiver:**

**Current Living Arrangements / Address:**

**Telephone Number:**

**Greek Case Number:**

**Greek Reference Number:**

**Other Member State's Reference Number (if available):**



**Special Health/Mental Health issues (e.g. chronic illness, disability, substance abuse, psychiatric disorders, etc.):**

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**Special vulnerability issues (e.g. history of violence/abuse/neglect, victim of torture, trafficking in human beings, early marriage, Female Genital Mutilation, etc.):**

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**Do the mentioned issues affect the child's daily life and how?**

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BIA Interviews		
Person Interviewed (relationship to the child)	No. of Interviews	Date/Place of Interviews

Documentation Attached	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	



**Section 1 – Information on Family and Household Composition**

*(Please use the child's own words where appropriate)*

**Father**

**Family Name:**

**First Name:**

**Date of birth:**

**Place of birth:**

**When did you last see your father?**

**Do you know where he is now?**

**Do you have contact with your father?**

**Could you describe your relationship with your father?**



**Mother**

**Family Name (Maiden Name):**

**First Name:**

**Date of birth:**

**Place of birth:**

**When did you last see your mother?**

**Do you know where she is now?**

**Do you have contact with your mother?**

**Could you describe your relationship with your mother?**



**Siblings (include half-siblings)**

**In case of more than one sibling please fill the form for all siblings accordingly**

**Family Name:**

**First Name:**

**Sex:**

Male  Female

**Date of birth:**

**Place of birth:**

**Marital Status:**

**Number of children:**

**Name, age and location of children (where applicable):**

**When did you last see your sibling?**

**Do you know where your sibling is now?**

**Do you have contact with your sibling?**

**Could you describe your relationship with your sibling?**



**Household Composition in the Country of Origin/Former Habitual Residence**  
*(Indicate all persons living with the child)<sup>1</sup>*

Name	Age/Sex	Relationship to the Child

**Non-family Members Important to the Child**

Name	Age/Sex	Relationship to the Child

**Assessor's Additional Notes:**

<sup>1</sup> Ask the child if he/she is willing to draw his living arrangements in the country of origin/former habitual residence in Annex II





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**Section 2 – History of Separation**

*(Please use the child's own words)*

**When did you see your family for the last time?**

**Where did you see your family for the last time?**

**What are the reasons that led you/made you separate from your family?**

**Were your parents informed about your fleeing?**



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**Did you travel alone?**

**Please describe your travel route:**

**Did you encounter any difficulties during your trip?**

**Assessor's Additional Notes:**



**Section 3 – Information on Family Members/Relatives in Dublin Member States (fill only the applicable section)**

**Section 3a – Information on Family Members Legally Present in a Dublin Member State**

**(Article 8.1 of the Dublin III Regulation – father, mother, siblings)**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male

Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link:**

*(In the absence of documents fill Annex I – Family Tree)*

1. ....
2. ....
3. ....
4. ....
5. ....



**Legal Status:**

**Year of arrival at the Member State:**

**Reasons for arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Current Address and Telephone Number:**

**Household Composition**

*(Indicate all persons living with the family member/sibling)*

Name	Age/Sex	Relationship to the Family Member/Sibling

**Assessor's Additional Notes:**



**Section 3b – Information on a Relative Legally Present in a Dublin Member State**

**(Article 8.2 of the Dublin III Regulation – adult uncle/aunt, grandmother/grandfather)**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male       Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link:**

*(In the absence of documents fill Annex I – Family Tree)*

1. ....
2. ....
3. ....
4. ....
5. ....

**Marital Status:**

**Number of children:**



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**Name, age and location of spouse (where applicable):**

**Name, age and location of children (where applicable):**

**Legal Status:**

**Year of arrival at the Member State:**

**Reasons of arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Does the relative wish to take care of the applicant?**

Yes     No

**Has the relative provided his/her written consent?**

Yes     No

**Employment/Income:**

**Living Arrangements:**

**Current Address and Telephone Number:**



**Household Composition**

*(Indicate all persons living with the relative)*

<b>Name</b>	<b>Age/Sex</b>	<b>Relationship to the Relative</b>

Questions pertaining to the actual relationship *(please use the child's own words)*

**What was your relationship in the country of origin?**

**When did you last see your relative?**

**Do you have contact with your relative?**

Yes     No

**If yes, how often?**



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**Could you describe your relationship with your relative?**

**Assessor's Additional Notes:**





**Section 3c – Information on Family Members/Relatives Legally Present in more than one Dublin Member States**

**(Article 8.3 of the Dublin III Regulation)**

**Family Member A**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male       Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link:**  
*(In the absence of documents fill Annex I – Family Tree)*

- 6. ....
- 7. ....
- 8. ....
- 9. ....
- 10. ....

**Marital Status:**

**Number of children:**



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**Name, age and location of spouse (where applicable):**

**Name, age and location of children (where applicable):**

**Legal Status:**

**Year of arrival at the Member State:**

**Reasons of arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Does the relative wish to take care of the applicant?**

Yes     No

**Has the relative provided his/her written consent?**

Yes     No

**Employment/Income:**

**Living Arrangements:**

**Current Address and Telephone Number:**



**Household Composition**

*(Indicate all persons living with the relative)*

<b>Name</b>	<b>Age/Sex</b>	<b>Relationship to the Family Member/Relative</b>

Questions pertaining to the actual relationship (please use the child's own words)

**What was your relationship in the country of origin?**

**When did you last see your relative?**

**Do you have contact with your relative?**

Yes     No

**If yes, how often?**



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**Could you describe your relationship with your relative?**

Empty response box for describing the relationship with a relative.

**Assessor's Additional Notes:**

Empty response box for assessor's additional notes.



**Family Member B**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male

Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link:**  
*(In the absence of documents fill Annex I – Family Tree)*

11. ....
12. ....
13. ....
14. ....
15. ....

**Marital Status:**

**Number of children:**

**Name, age and location of spouse (where applicable):**



**Name, age and location of children (where applicable):**

**Legal Status:**

**Year of arrival at the Member State:**

**Reasons of arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Does the relative wish to take care of the applicant?**

Yes     No

**Has the relative provided his/her written consent?**

Yes     No

**Employment/Income:**

**Living Arrangements:**

**Current Address and Telephone Number:**



**Household Composition**

*(Indicate all persons living with the relative)*

<b>Name</b>	<b>Age/Sex</b>	<b>Relationship to the Family Member/Relative</b>

Questions pertaining to the actual relationship *(please use the child's own words)*

**What was your relationship in the country of origin?**

**When did you last see your relative?**

**Do you have contact with your relative?**

Yes     No

**If *yes*, how often?**



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**Could you describe your relationship with your relative?**

Empty response box for describing the relationship with a relative.

**Assessor's Additional Notes:**

Empty response box for assessor's additional notes.





**Family Member C**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male

Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link:**  
*(In the absence of documents fill Annex I – Family Tree)*

16. ....

17. ....

18. ....

19. ....

20. ....

**Marital Status:**

**Number of children:**

**Name, age and location of spouse (where applicable):**



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**Name, age and location of children (where applicable):**

**Legal Status:**

**Year of arrival at the Member State:**

**Reasons of arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Does the relative wish to take care of the applicant?**

Yes     No

**Has the relative provided his/her written consent?**

Yes     No

**Employment/Income:**

**Living Arrangements:**

**Current Address and Telephone Number:**



**Household Composition**

*(Indicate all persons living with the relative)*

Name	Age/Sex	Relationship to the Family Member/Relative

Questions pertaining to the actual relationship (please use the child's own words)

**What was your relationship in the country of origin?**

**When did you last see your relative?**

**Do you have contact with your relative?**

Yes     No

If **yes**, how often?



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**Could you describe your relationship with your relative?**

Empty text box for describing the relationship with a relative.

**Assessor's Additional Notes:**

Empty text box for assessor's additional notes.



**Section 3d – Information on Family Relations/Important Non-Family Members Legally Present in a Dublin Member State**

**(Article 17.2 of the Dublin III Regulation)**

**Family Name:**

**First Name:**

**Age:** \_\_\_\_\_

**Sex:**

Male       Female

**Date of birth:**

**Place of birth:**

**Nationality:**

**Relation to the child:**

**Submitted documents proving the family link (where applicable):**  
*(In the absence of documents fill Annex I – Family Tree)*

21. ....

22. ....

23. ....

24. ....

25. ....

**Marital Status:**

**Number of children:**

**Name, age and location of spouse (where applicable):**



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**Name, age and location of children (where applicable):**

**Legal Status:**

**Year of arrival at the Member State:**

**Reasons of arrival at the Member State:**

*(For example, family reunification, asylum, work related reasons, etc)*

**Does the above person wish to take care of the applicant?**

Yes     No

**Has the above person provided his/her written consent?**

Yes     No

**Employment/Income:**

**Living Arrangements:**

**Current Address and Telephone Number:**



**Household Composition**

*(Indicate all persons living with the mentioned person)*

Name	Age/Sex	Relationship to the mentioned person

Questions pertaining to the actual relationship (please use the child's own words)

**What was your relationship in the country of origin?**

**When did you last see the above person?**

**Do you have contact with him/her?**

Yes     No

**If yes, how often?**



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**Could you describe your relationship with him/her?**

A large, empty rectangular box with a black border, intended for the respondent to describe their relationship with the individual in question.

**Assessor's Additional Notes:**

A large, empty rectangular box with a black border, intended for the assessor to provide additional notes or observations.





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**Section 4 – Assessing the Best Interests of the Child**

**A. Views of the child (*please use the child's own words*):**

**B. Views of the parents/former caregivers (if available)**



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**C. Views of family members/relatives/family relations legally present in the Dublin Member States regarding the prospect of reuniting with the child**

**D. Views of current legal guardian/caregiver and/or, where relevant, other professionals close to the child (i.e. teachers, psychologists, social workers, etc.)**



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### **Section 5 – Summary and Recommendations**

**Assessor's Summary and Recommendations:**

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**Reviewer's Comments (if available)**

**Assessor's Signature**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Reviewer's Signature (if available)**

Date: \_\_\_/\_\_\_/\_\_\_\_\_



**ANNEX I**

pursuant to article 22(5) of Regulation (EU) No 604/2013 of the European Parliament and of the Council of 26 June 2013 and ANNEX II – LIST B of Commission Regulation (EC) No 1560/2003 of 2 September 2003 as amended by Commission Implementing Regulation (EU) No 118/2014 of 30 January 2014

(to be completed only in the absence of documentation proving the family link)

**FAMILY TREE**

<b>Brothers (incl. Half Brothers)</b>	<b>Applicant</b>	<b>Sisters (incl. Half Sisters)</b>

<b>Aunts/Uncles Paternal</b>	<b>Father</b>	<b>Aunts/Uncles Maternal</b>
	<b>Mother</b>	

<b>Cousins Paternal</b>	<b>Grandfather</b>	<b>Cousins Maternal</b>
	<b>Maternal</b>	
	<b>Paternal</b>	
	<b>Grandmother</b>	
	<b>Maternal</b>	
	<b>Paternal</b>	

**Signature**

**Date**

\_\_\_ / \_\_\_ / \_\_\_\_\_



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**ANNEX II**

**Child's Drawing**

Please indicate the different rooms of the family house and who lives in which room.

(to be drawn only if the child consents)



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**ANNEX III**

**Family Pictures**

You may submit visual evidence of the relation of the unaccompanied minor with the person(s) concerned

(to be filled only if visual evidence is easily available)

[please include four pictures per page]