|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  | |  |  |  | | Kindergeldantrag | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | | Angaben im Antrag sind in Blockschrift auszufüllen und die entsprechenden Daten gemäß diesem Muster zu markieren | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
| **A** | | Angaben zum Antragsteller | | | | | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name | | | | | | |  |  | |  |  |  | |  |  |  | |  |  |  | | Vorname | | |  |  |  |  |  |  |  |  |  |  | Familienstand 1) | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |  |  | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Geburtsdatum | | | | | | | | | | | | | | |  | Geburtsnummer (Identifikationsnummer) | | | | | | | | | | | | | |  | Staatsangehörigkeit | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adresse des ständigen Aufenthalts in der Slowakischen Republik 2) | | | | | | | | | | | | | | | | | | |  | Adresse des vorübergehenden Aufenthalts in der Slowakischen Republik 2) | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  | Straße | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nummer | | | |  | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | PLZ | | | |  | | | | | | | Gemeinde | | | |  | | | | | | | | | | | | | | | | | | Telefonnummer | | | |  | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vorübergehender Aufenthalt erlaubt | | | | | | | | | | | |  | |  | **seit** | | |  | | | | | | | |  | | **bis** | |  | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Adresse des ständigen Aufenthalts (Wohnorts) in einem EU-Mitgliedsstaat | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Straße | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nummer | | | |  | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | PLZ | | | |  | | | | | | | Gemeinde | | | |  | | | | | | | | | | | | | | | | | | Telefonnummer | | | |  | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Staat | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B** | | Der Antragsteller ist | | | | | | | | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. |  | | ein Elternteil eines unterhaltsberechtigten Kindes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2. |  | | ein Elternteil, dem das Kind aufgrund einer gerichtlichen Entscheidung in persönliche Obhut anvertraut wurde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 3. |  | | eine Person, der ein unterhaltsberechtigtes Kind aufgrund einer rechtskräftigen gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut wird | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 4. |  | | ein volljähriges unterhaltsberechtigtes Kind, das keine Eltern hat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 5. |  | | ein volljähriges unterhaltsberechtigtes Kind, dessen Eltern eine angeordnete Unterhaltspflicht haben | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 6. |  | | ein volljähriges, unterhaltsberechtigtes Kind, das bis zur Volljährigkeit in die elterliche Sorge ersetzende Obhut anvertraut wurde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 7. |  | | ein volljähriges, unterhaltsberechtigtes Kind, das die Ehe geschlossen hat oder dessen Ehe erloschen ist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 8. |  | | ein minderjähriger Elternteil, dem elterliche Rechte und Pflichten zuerkannt sind | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C** | | ***Soziale Stellung des Antragstellers*** 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. |  | | Arbeitnehmer | | | | | | | | |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. |  | | Selbständiger | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. |  | | Arbeitnehmer und Selbständiger | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. |  | | Pensionsbezieher | | | | | | | | | | | |  |  | |  |  |  | |  |  |  |  |  | | |  | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. |  | | Bezieher von Arbeitslosengeld | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. |  | | Arbeitslos | | | | | | | | | | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 7. |  | | Student | | | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 8. |  | | Person ohne Staatsangehörigkeit | | | | | | | | | | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 9. |  | | Flüchtling | | | | | | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. | |  | | andere | | | |  | angeben welche | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | ***Ich beantrage das Kindergeld ab dem*** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | das Datum angeben | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Die nummerierten Anmerkungen sind auf Seite 5 angeführt | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **E** | ***Angaben zu unterhaltsberechtigten Kindern, für die das Kindergeld beansprucht wird*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | | **1.** | | | | **2.** | | | | | | | **3.** | | | | | | **4.** | | | | | | **5.** | | | | | | **6.** | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Vorname und Name | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Geburtsdatum | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Geburtsnummer | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Adresse des ständigen Aufenthalts | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Adresse des vorübergehenden Aufenthalts2) | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Schule, die es besucht  (Adresse, Sitz) | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Verhältnis des Kindes zum Antragsteller4) | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
| Kind mit einem langfristig ungünstigen Gesundheitszustand 5) | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | |
|  | |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | |
| Die nummerierten Anmerkungen sind auf Seite 5 angeführt | | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **F** | | ***Zahlungsweise*** 6) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Auf ein Bankkonto in der Slowakischen Republik | | | Kontonummer | | |  | |  | |  | |  |  |  | |  |  |  |  | Bankleitzahl |  |  |  |  |  |
|  |  | |  |  |  |  |  |  | |  | |  | | | |  | | | | | | | | | |  |
|  |  | | IBAN | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | Wird kein Konto aufgeführt, wird die Summe bar an die Adresse des ständigen Aufenthalts  / des vorübergehenden Aufenthalts in der Slowakischen Republik ausgezahlt / ausgezahlt werden\*.  \*Unzutreffendes streichen | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **G** | | | | | | | | Die andere anspruchsberechtigte Person ist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 1. | | | | |  | | | | | | | ein Elternteil eines unterhaltsberechtigten Kindes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 2. | | | | |  | | | | | | | die Person, der das Kind aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut ist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **H** | | | | | | | | Angaben zu der anderen anspruchsberechtigten Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | Vorname | | | | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | Familienstand 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Geburtsdatum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Geburtsnummer (Identifikationsnummer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Staatsangehörigkeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Adresse des ständigen Aufenthalts in der Slowakischen Republik 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Adresse des vorübergehenden Aufenthalts in der SR Sozialer Status der anderen anspruchsberechtigten Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Straße | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nummer | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | PLZ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gemeinde | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonnummer | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Adresse des ständigen Aufenthalts (Wohnorts) in einem EU-Mitgliedsstaat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Straße | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nummer | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | PLZ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gemeinde | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonnummer | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Staat | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
| **I** | | | | | | | | | ***Soziale Stellung der anderen anspruchsberechtigten Person*** 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 1. | | | | | |  | | | | | | Arbeitnehmer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 2. | | | | | |  | | | | | | Selbständiger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 3. | | | | | |  | | | | | | Arbeitnehmer und Selbständiger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 4. | | | | | |  | | | | | | Pensionsbezieher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 5. | | | | | |  | | | | | | Bezieher von Arbeitslosengeld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 6. | | | | | |  | | | | | | Arbeitslos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 7. | | | | | |  | | | | | | volljähriges unterhaltsberechtigtes Kind | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 8. | | | | | |  | | | | | | Person ohne Staatsangehörigkeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | 9. | | | | | |  | | | | | | Flüchtling | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
| 10. | | | | | | | | |  | | | | | | andere | | | | | | | | | | | | | | |  | | | | | | | angeben welche | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
| **J** | | | | | | | | Erklärung des Antragstellers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Ich erkläre, dass wir uns mit dem/den unterhaltsberechtigten Kind(ern) nicht in einem Staat aufhalten  / in einem Staat aufhalten , der kein EU-Mitgliedstaat, kein Vertragsstaat des Abkommens über den Europäischen Wirtschaftsraum oder nicht die Schweizerische Eidgenossenschaft ist, und dass ich während meines Aufenthalts in diesem Staat die obligatorische öffentliche Krankenversicherung in der Slowakischen Republik habe.  Ich erkläre, dass keine andere natürliche Person das im Teil E des Antrags genannte Kindergeld beantragt hat, dass alle Angaben in diesem Antrag der Wahrheit entsprechen und dass ich jede Änderung oder jeden entscheidende Umstand, der sich auf den Anspruch, die Dauer des Anspruchs und die Zahlung des Kindergelds schriftlich oder auf elektronischem Weg mit garantierter elektronischer Signatur dem Amt für Arbeit, Soziales und Familie nach Maßgabe des § 14 Abs. 1 des Gesetzes Nr. 600/2003 Slg., über das Kindergeld und über die Änderung des Gesetzes Nr. 461/2003 Slg., über die Sozialversicherung in der geänderten Fassung, innerhalb von 8 Tagen bekannt gebe.  Ich bin mir meiner Verpflichtung bewusst, den zu Unrecht erhaltenen Betrag des Kindergeldes zurückzuerstatten.  **Information für den Antragsteller**  Das Amt für Arbeit, Soziales und Familie – IdNr. 30794536 – verarbeitet Ihre personenbezogene Daten (einschließlich der personenbezogenen Daten der gemeinsam beurteilten Personen) im Sinne des Gesetzes Nr. 600/2003 Slg., über das Kindergeld und über die Änderung und Ergänzung des Gesetzes Nr. 461/2003 Slg., über Sozialversicherung, in der geänderten Fassung und leitet die genannten personenbezogenen Daten an öffentliche Behörden weiter. Bei Unklarheiten, Problemen oder Fragen, die mit dem Schutz personenbezogener Daten zusammenhängen, können Sie sich an die folgende E-Mail-Adresse wenden:  [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Datum | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | Unterschrift des Antragstellers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
| **K** | | | | | | | | ***Richtigkeit der Daten mit dem Original verglichen*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | |  | | | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Vorname | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | |  | | | Datum des Vergleichs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Unterschrift des Arbeitnehmers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | | |  | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
| **L** | | | | | | | | ***Wird vom Amt für Arbeit, Soziales und Familie ausgefüllt – der letzte Kindergeldzahler*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | |
|  | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |
|  | | | Amt für Arbeit, Soziales und Familie in | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | bestätigt, dass es der anspruchsberechtigten Person ausgezahlt hat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | |  | | |
|  | | Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nachname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Geburtsnummer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | |  | | |
|  | | zuletzt am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | das Kindergeld in der Gesamthöhe von | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Euro | | | | | | | | | |
|  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | Datum | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Stempelabdruck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | Unterschrift des Arbeitnehmers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | |  | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | |
|  | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | Nummerierte Anmerkungen zur Ausfüllung des Antrags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | 1. z. B. verheiratet, ledig, geschieden, Witwe/Witwer 2. entsprechende Art des Aufenthalts in der Slowakischen Republik gemäß dem Muster markieren, wobei der vorübergehende Aufenthalt nur für Ausländer gültig ist 3. in den Tabellen C und I sind alle Sozialstellungen aufführen, die den Antragsteller bzw. die andere anspruchsberechtigte Person (z. B. Arbeitnehmer und Pensionsempfänger, Arbeitnehmer und Empfänger einer Sozialleistung usw.) betreffen; im Feld ist auch der betreffende Staat einschließlich der Slowakei anzugeben 4. das Verhältnis des Kindes zum Antragsteller mit den entsprechenden Buchstaben angeben:    1. eigenes Kind, ohne dass es aufgrund einer gerichtlichen Entscheidung einem der Elternteile anvertraut wurde    2. eigenes Kind, das dem Antragsteller aufgrund einer gerichtlichen Entscheidung anvertraut wurde    3. ein dem Antragsteller aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertrautes Kind   *(in den unter den Buchstaben B und C genannten Fällen das in der gerichtlichen Sorgerechtentscheidung angeführte Datum der Übergabe des Kindes in die Erziehung anführen)*   * 1. der Antragsteller ist ein volljähriges unterhaltsberechtigtes Kind,  1. der Antragsteller hat „ja“ anzugeben, wenn er ein Kind mit einem dauerhaft ungünstigen Gesundheitszustand hat, das nach Beendigung der Schulpflicht nicht in der Lage ist, sich durch Ausbildung kontinuierlich auf den künftigen Beruf vorzubereiten und eine Erwerbstätigkeit auszuüben, 2. auf ein Bankkonto oder auf ein Konto bei einer Niederlassung einer ausländischen Bank im Hoheitsgebiet der Slowakischen Republik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | Zum Vergleich der im Antrag angegebenen Daten hat der Antragsteller vorzulegen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | |
|  | | * Personalausweis (Identitätskarte) des Antragsteller bzw. Reisepass, * Reisepass und Nachweis der ständigen oder befristeten Aufenthaltserlaubnis auf dem Gebiet der Slowakischen Republik des Antragstellers – Ausländer, * Reisepass und Ausweis eines ausländischen Slowaken (ausländischer Slowake),  |  | | --- | | **Der Antragsteller hat dem Antrag folgende Dokumente und Bescheinigungen beizufügen** |  * eine rechtskräftige gerichtliche Entscheidung über die Zuerkennung der elterlichen Rechte und Pflichten in Bezug auf die persönliche Sorge für das Kind, wenn die Anspruchsberechtigte eine minderjährige Mutter ist, * eine rechtskräftige gerichtliche Entscheidung über Übergabe des Kindes in die elterliche Sorge ersetzende Obhut, oder eine gerichtliche Entscheidung über Übergabe des Kind in die Sorge eines Elternteils (Original und Fotokopie), * eine Bescheinigung des behandelnden Arztes über eine Krankheit oder einen Unfall des Kindes, aus der hervorgeht, dass das Kind sich nicht durch eine Ausbildung auf den künftigen Beruf vorbereiten kann oder eine Erwerbstätigkeit ausüben kann, * ein vom zuständigen Amt für Arbeit, Soziales und Familie ausgestelltes Gutachten zum langfristigen ungünstigen Gesundheitszustand des Kindes (Information ist vom IS des Amtes erhältlich), * Bestätigung der Krankenkasse über die obligatorische öffentliche Krankenversicherung in der Slowakischen Republik, wenn sich der Antragsteller und das unterhaltsberechtigte Kind in einem Staat aufhalten, der kein EU-Mitglied, keine Partei des Abkommens über den Europäischen Wirtschaftsraum oder nicht die Schweizerische Eidgenossenschaft ist (Teil J), * zusätzliche Unterlagen nach den Anforderungen des Amts für Arbeit, Soziales und Familie für die Zwecke der Auszahlung der EU-Leistungen,   **Nachweis der Sorge für die Person eines Kindes nach Vollendung des dritten Lebensjahres:**   * Meldung der Gewährleistung der Sorge für die Person eines Kindes für die Zwecke des Kindergelds (gilt nur für unterhaltsberechtigte Kinder über drei Jahren),   **Nachweis, dass das Kind unterhaltsberechtigt ist:**   * Bestätigung der Grundschule über die Erfüllung der Schulpflicht, wenn das Kind diese auch nach Vollendung des 16. Lebensjahres erfüllt (z. B. Schüler mit Behinderung), für jedes Schuljahr bis zu deren Ende, * die Bestätigung einer Mittel- oder Hochschule über die kontinuierliche Berufsvorbereitung eines Kindes in der Vollzeitform des Studiums **während eines Auslandsstudiums**, gilt für ein Kind, **das die Erfüllung der Schulpflicht beendet hat**, * Entscheidung über die Gleichwertigkeit des Studiums (entscheidet das Ministerium für Schulwesen, Wissenschaft, Forschung und Sport der Slowakischen Republik, Zentrum für die Anerkennung von Bildungsnachweisen) – gilt **im Falle eines Auslandsstudiums**, * beglaubigte Übersetzung der Bestätigung über das spezifische Auslandsstudium des Kindes (gilt nur für den Nachweis im ersten Studienjahr und darüber hinaus nur für einen Studiengangwechsel oder für ein Studium an einer anderen Hochschule im Ausland). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

**Belehrung**

**Pflichten der kindergeldberechtigten Person und Zuschlag zum Kindergeld**

**(nachfolgend nur „Kindergeld“)**

Gemäß § 14 Abs. 1 des Gesetzes Nr. 600/2003 Slg., über das Kindergeld und über Änderung und Ergänzung des Gesetzes Nr. 461/2003 Slg., über die Sozialversicherung, in der geänderten Fassung (nachstehend nur „das Kindergeldgesetz“) ist die anspruchsberechtigte Person verpflichtet:

1. entscheidende Tatsachen nachzuweisen, die sich auf die Entstehung des Anspruchs auf den Zuschlag, auf die Dauer des Anspruchs und seine Auszahlung auswirken,
2. innerhalb von acht Tagen Änderungen wesentlicher Tatsachen schriftlich bekannt zu geben, die den Anspruch auf das Kindergeld und dessen Auszahlung betreffen, oder diese Änderungen innerhalb von acht Tagen auf elektronischem Wege mit garantierter elektronischer Signatur zu übermitteln und
3. die Verwendung des Zuschlags für Erziehung und Unterhalt des unterhaltsberechtigten Kindes sicherzustellen.

Gemäß § 14 Abs. 2 des Kindergeldgesetzes ist der Anspruchsberechtigte verpflichtet, dem Zahler nach Vollendung des dritten Lebensjahres des unterhaltsberechtigten Kindes schriftlich oder auf elektronischem Wege mit garantierter elektronischer Signatur mitzuteilen, wie und wo das unterhaltsberechtigte Kind bis zum Beginn der Schulpflicht, für die Dauer des Anspruchs auf den Zuschlag betreut werden soll, dies gilt nicht, wenn die Betreuung des unterhaltsberechtigten Kindes durch einen Elternteil des unterhaltsberechtigten Kindes oder durch eine Person erfolgt, der das unterhaltsberechtigte Kind aufgrund einer gerichtlichen Entscheidung in die elterliche Sorge ersetzende Obhut anvertraut ist, und wenn diese Person das Mutterschafts- oder Elterngeld bezieht.

In ................................................... , den ................................. ..........................................................

Unterschrift des Antragstellers