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| **Žiadosť o jednorazový príspevok dieťaťu pri zániku náhradnej starostlivosti** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Údaje v žiadosti vypĺňajte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A.** | | | | ***Údaje o dieťati* –*oprávnenej osobe*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Meno | | | | | | | | | | | | | | | |  | | | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Do dosiahnutia plnoletosti bola oprávnená osoba zverená do náhradnej starostlivosti občanovi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | uvedenému v časti B. tejto žiadosti rozhodnutím | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | súdu v | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **B.** | | | | ***Údaje o občanovi, ktorému bola oprávnená osoba zverená do náhradnej starostlivosti*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Meno | | | | | | | | | | | | | | | |  | | | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **Adresa trvalého pobytu v SR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Forma náhradnej starostlivosti** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **C.** | | | | ***Spôsob výplaty*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Na účet v banke v SR | | | | | | | | | | | | | | | | Číslo účtu | | | | | | | | | |  | |  | | | |  | | |  | |  | |  | | |  | | |  | | | | |  | | | | | |  | | | | Kód banky | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | | |
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|  | | | V prípade neuvedenia účtu sa príspevok vyplatí v hotovosti na adresu trvalého pobytu  v  SR/prechodného pobytu v SR\*.  \*nehodiace sa prečiarknuť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **D.** | | | | | | ***Vyhlásenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vyhlasujem, že všetky údaje uvedené v tejto žiadostisú pravdivé a som si vedomý/á právnych následkov v prípadeuvedenia nepravdivých údajov. Uvedomujem si, že neprávom prijatú sumu jednorazového príspevku dieťaťu pri zániku náhradnej starostlivosti som povinný(á) vrátiť.  **Informácia pre žiadateľa**  Úrad práce, sociálnych vecí a rodiny - IČO 30794536 - spracúva Vaše osobné údaje (vrátane osobných údajov spoločne posudzovaných osôb) v zmysle zákona č. 627/2005 Z. z. o príspevkoch na podporu náhradnej starostlivosti o dieťa v znení neskorších predpisov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci. V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V | | | | |  | | | | | | | | | | | | | | | dňa | | | |  | | | | | | | | | | | | | Podpis oprávnenej osoby | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |
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| **E.** | | | | | | ***Správnosť údajov porovnal s originálom*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Dátum porovnania | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Meno a priezvisko | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Podpis zamestnanca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
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| **Za účelom porovnania údajov uvedených v žiadosti žiadateľ predloží**   * občiansky preukaz (identifikačnú kartu).   **Žiadateľ uvedie nasledovné údaje z posledného rozhodnutia súdu, ktorým súd rozhodol o zverení dieťaťa** do starostlivosti nahrádzajúcej starostlivosť rodičov (*to platí len v prípade, ak nebol poskytovaný opakovaný príspevok dieťaťu*):  **ECLI kód (uvedený na rozhodnutí súdu): .............................................. ALEBO**  **Spisovú značku rozhodnutia súdu: ...................., Dátum vydania rozhodnutia súdu.....................**  **Názov súdu: ...........................................................................** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |