

*Address: _____

Name of person(s) with whom child resides: _____

Name of Child (3), if applicable: _____

Date of Birth: _____ / _____ / _____ Sex: Male Female

*Address: _____

Name of person(s) with whom child resides: _____

If there are 4 or more children, provide the same information on an additional sheet of paper.

*** If address is not known to the respondent(s) and you are requesting that the address be kept confidential from the respondent(s), print the word CONFIDENTIAL above and print the child's(ren's) name(s), address(es) and the word CONFIDENTIAL on an additional sheet of paper and attach it to the NCFC Information Sheet only.**

2a. Petitioner (1) - Information:
Name: _____
Date of Birth: _____ / _____ / _____
*Address: _____

Relationship to the child(ren): _____

2b. Petitioner (2) - Information, if applicable:
Name: _____
Date of Birth: _____ / _____ / _____
*Address: _____

Relationship to the child(ren): _____

If the relationship is not the same for all children, please explain:

*** If address is not known to the respondent(s) and you are requesting that your address be kept confidential from the respondent(s), print the word CONFIDENTIAL above and print your address on the NCFC Information Sheet only.**

3a. Respondent (1) - Information:
Name: _____
Date of Birth: _____ / _____ / _____
Address: _____

Relationship to the child(ren): _____

3b. Respondent (2) - Information, If applicable:
Name: _____
Date of Birth: _____ / _____ / _____
Address: _____

Relationship to the child(ren): _____

If the relationship is not the same for all children, please explain:

4. Is/Are either the petitioner parent(s) or respondent parent(s) activated, deployed or temporarily assigned to military service? Yes No

Has/Have either the petitioner parent(s) or respondent parent(s) returned from active military service, deployment or temporary assignment? Yes No

If yes to either question, complete and attach the **4a. Military Service Attachment.**

5a. The information following applies to the current custody/visitation/parenting time order/judgment:

Name of Court: Nassau County Family Court
 NYS _____ County Family Court
 NYS _____ County Supreme Court

Date of Order/Judgment: ____ / ____ / ____

Name of Petitioner/Plaintiff: _____

Name of Respondent/Defendant: _____

Docket #/Index #: _____

Terms of the Order/Judgment (state the terms of who has custody of the children and the terms of who has visitation or parenting time with the children): _____

Use an additional sheet of paper if necessary.

5b. Check one box below:

The order is a Nassau County Family Court order; three copies have been provided for service.

A certified copy of the non-Nassau County Family Court custody/visitation/parenting time order/judgment (with a certified copy of attachments) is attached and three additional copies have been provided for service.

A certified copy of the non-Nassau County Family Court custody/visitation/parenting time order/judgment (with a certified copy of attachments) was previously submitted to Nassau County Family Court on a prior custody/visitation/parenting time matter filed after January 1, 2013 and three copies have been provided for service.

6a. Was the order entered in conjunction with a child protective dispositional order or a permanency

hearing order, directing custody with a relative or other non-parent, pursuant to the Family Court Act §1055-b or §1089-a? Yes No

If yes, complete the following pertaining to the child protective case:

Family Court, County of _____, Docket # _____ .

6b. Did the order provide that the local department of social services and/or the attorney for the child(ren) be notified and be made parties to any subsequent proceedings for modification, enforcement or termination of the order? Yes No

If yes, complete the following:

Name of the Attorney for Child(ren): _____ .

7a. Since the entry of the order/judgment, respondent(s) has(have) failed to comply with the following terms of the order/judgment, and has (have) defeated, impaired, impeded or prejudiced the rights or remedies of the petitioner(s) in that (specify what term(s) was (were) violated, including nature of the violation(s) and date(s) of the violation(s) (be specific): _____

Use an additional sheet of paper if necessary.

7b. Regarding enforcement/violation of the terms of the order/judgment, what are you requesting the court to do? _____

Use an additional sheet of paper if necessary.

8. Has there been an application made in any court, including a Native American tribunal, for the relief herein requested? Yes No

If yes, complete the following:

Name of Parties: _____

Name of Court: _____

Address of Court: _____

Type of Case: _____

Status of Case: _____

If more than one litigation, provide the same information on an additional sheet of paper for each litigation.

WHEREFORE, the petitioner(s) request(s) that the current order/judgment, be enforced and/or respondent(s) be dealt with as set forth above in accordance with Article 6 of the Family Court Act and applicable provisions of law and for such other relief as the court may deem just and proper.

Dated: ____ / ____ / ____

Petitioner (1) [sign name]

Petitioner (1) [print name]

Petitioner (2) [sign name]

Petitioner (2) [print name]

.....
VERIFICATION

STATE OF _____)

:ss.:

COUNTY OF _____)

being duly sworn, says that (s)he is the petitioner in the above-named proceeding and that the foregoing petition and attachments, if applicable, are true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Petitioner (1) [sign name before a notary]

Sworn to before me this _____
day of _____, 20__

Notary Public

.....
VERIFICATION

STATE OF _____)

:ss.:

COUNTY OF _____)

being duly sworn, says that (s)he is the petitioner in the above-named proceeding and that the foregoing petition and attachments, if applicable, are true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

Petitioner (2) [sign name before a notary]

Sworn to before me this _____
day of _____, 20__

Notary Public

Complete these pages only if you have checked ✓ yes to one of the questions in section 4 of the petition.

4a. Military Service Attachment

FILE # _____
DOCKET # (s) _____

<i>(Court use only)</i>

1. Is a petitioner parent activated, deployed or temporarily assigned to military service?

Yes No Not applicable, petitioner(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Petitioner Parent: _____

Type of Service: _____

Military Branch or National Guard: _____

Anticipated Dates of Duty: ____ / ____ / ____ , ____ / ____ / ____

Location of Duty: _____

Specify how military duty is likely to affect custody/visitation, if at all:

2. Has a petitioner parent returned from active military service, deployment or temporary assignment?

Yes No Not applicable, petitioner(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Petitioner Parent: _____

Type of Service: _____

Military Branch or National Guard: _____

Return Date from Duty: ____ / ____ / ____

Location of Duty: _____

Specify how military duty is likely to affect custody/visitation, if at all:

If there is a 2nd petitioner parent who is activated, deployed or temporarily assigned to military service or who has returned from active military service, deployment or temporary assignment, provide the same information on an additional sheet of paper.

4a. Military Service Attachment

3. Is a respondent parent activated, deployed or temporarily assigned to military service?

Yes No Not applicable, respondent(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Respondent Parent: _____

Type of Service: _____

Military Branch or National Guard: _____

Anticipated Dates of Duty: ____ / ____ / ____ , ____ / ____ / ____

Location of Duty: _____

Specify how military duty is likely to affect custody/visitation, if at all:

4. Has a respondent parent returned from active military service, deployment or temporary assignment?

Yes No Not applicable, respondent(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Respondent Parent: _____

Type of Service: _____

Military Branch or National Guard: _____

Return Date from Duty: ____ / ____ / ____

Location of Duty: _____

Specify how military duty is likely to affect custody/visitation, if at all:

If there is a 2nd respondent parent who is activated, deployed or temporarily assigned to military service or who has returned from active military service, deployment or temporary assignment, provide the same information on an additional sheet of paper.