

**FAMILY COURT OF THE  
STATE OF NEW YORK  
COUNTY OF BROOME**

In the Matter of

\_\_\_\_\_, PETITIONER

FIRST M.I. LAST

ADDRESS: \_\_\_\_\_

Dk #: \_\_\_\_\_

FF#: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**PETITION FOR**

SS# : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- CHILD SUPPORT
- SPOUSAL SUPPORT

**-AGAINST-**

\_\_\_\_\_, RESPONDENT

FIRST M.I. LAST

ADDRESS: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

SS# : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**THE PETITIONER, BEING DULY SWORN, STATES THAT:**

1. Petitioner is authorized to bring this proceeding against Respondent because (check all which apply):

- Respondent is my spouse
- Respondent is my former spouse  
*(You must attach a copy of your Divorce Judgment and any applicable agreements.)*
- Respondent is a parent of the child(ren) named in this petition
- I am the parent of the child(ren) named in this petition
- I am the legal guardian or custodian of the child(ren) named in this petition
- other \_\_\_\_\_

\_\_\_\_\_

2. Respondent is responsible for the support of  Petitioner  and these dependents:

<u>NAME</u>	<u>LIVES WITH</u>	<u>DOB</u>	<u>SS#</u>	Male	Female
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Pet <input type="checkbox"/> Resp	____/____/____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

3. The father of the above named child(ren) is \_\_\_\_\_ and

The father was married to the mother of the child(ren) at the time of conception or birth

An Order of Filiation was made by the \_\_\_\_\_ Court on \_\_\_\_\_ (Attach a copy of that order.)

An Acknowledgment of Paternity was signed by both parents. (Attach a copy of that Acknowledgment.)

A Paternity Agreement or Compromise was approved by the Family Court of \_\_\_\_\_ County on \_\_\_\_\_ (Attach a copy of that instrument.)

The father is deceased

Paternity has not been legally established

4. Respondent, beginning on \_\_\_\_\_, 20\_\_\_\_, has failed to provide fair and reasonable support for the above identified individual(s) according to the Respondent's means and earning capacity.

5. Respondent is unlikely to make payments in accordance with the order of support I am seeking because \_\_\_\_\_

6. Upon information and belief, Respondent's occupation is \_\_\_\_\_ and his/her employer is \_\_\_\_\_

7. Check which applies to you:

I have applied for child support services with the Broome County Department of Social Services.

I am applying for child support enforcement services by filing this petition.

I do not wish to apply for child support services.

I am not eligible for child support enforcement services because only spousal support is sought.

8. No previous application has been made to any court or any judge for the relief requested in this petition, except:

**WHEREFORE, I ASK THE COURT TO GRANT ME AN ORDER OF SUPPORT DIRECTING RESPONDENT TO PROVIDE FAIR AND REASONABLE SUPPORT, TO EXERCISE THE OPTION FOR ADDITIONAL COVERAGE FOR HEALTH INSURANCE TO COVER  ME AND  THE CHILD(REN), AND FOR OTHER RELIEF AS THE LAW PROVIDES.**

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
PETITIONER'S SIGNATURE

\_\_\_\_\_  
PRINT OR TYPE PETITIONER'S NAME

\_\_\_\_\_  
ATTORNEY'S SIGNATURE (If applicable)

\_\_\_\_\_  
PRINT OR TYPE ATTORNEY'S NAME

**STATE OF NEW YORK:  
COUNTY OF BROOME:**

**VERIFICATION**

**Petitioner, being duly sworn, states: I have read this petition and its contents are true to my own knowledge, except to matters alleged to be on information and belief and, as to those matters, I believe them to be true.**

\_\_\_\_\_  
PETITIONER

Sworn to before me on  
\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Deputy) Clerk of the Court,  
Notary or Comm. Of Deeds

**NOTICE**

**NOTE: (1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON**

THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....  
In the Matter of a Proceeding for Support

Docket No.

(Commissioner of Social Services, Assignor,  
on behalf of \_\_\_\_\_, Assignee)

FINANCIAL  
DISCLOSURE  
AFFIDAVIT

S.S.# (Assignor) \_\_\_\_\_  
Petitioner

-against-

S.S.# \_\_\_\_\_  
Respondent.

.....  
**NOTICE: YOU ARE REQUIRED TO ATTACH TO THIS FORM A CURRENT AND REPRESENTATIVE PAYCHECK STUB AND COPIES OF YOUR MOST RECENTLY FILED STATE AND FEDERAL INCOME TAX RETURNS, INCLUDING A COPY OF THE W-2 WAGE AND TAX STATEMENT(S) SUBMITTED WITH THE RETURNS. YOU MAY ALSO BE REQUIRED TO PRODUCE OTHER PAYCHECK STUBS, EMPLOYMENT OR BUSINESS RECORDS AND PROOF OF CLAIMED EXPENSES. YOU ARE ALSO REQUIRED TO PROVIDE INFORMATION RELATING TO ALL ACCIDENT, LIFE AND HEALTH INSURANCE PLANS AVAILABLE TO YOU FOR THE PROVISION OF INSURANCE, HEALTH CARE, DENTAL CARE, OPTICAL CARE, PRESCRIPTION DRUG AND OTHER PHARMACEUTICAL AND HEALTH-RELATED BENEFITS FOR THE CHILD(REN) FOR WHOM SUPPORT IS SOUGHT.**

STATE OF NEW YORK     )  
  ):ss.:  
COUNTY OF             )

\_\_\_\_\_, the (Petitioner) (Respondent) herein, residing at \_\_\_\_\_, being duly sworn, deposes and says that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated:

**I. INCOME FROM ALL SOURCES:** The correct amount of the child support obligation is presumed to be a percentage of income as defined by law. The percentages are set forth in Addendum A. Other pertinent information is set forth in Addenda B and C. List your income from all sources as follows:

a. Wages and Salaries (as reportable on Federal and State income tax returns):

1. Employer and address \_\_\_\_\_
2. Number of members in household \_\_\_\_\_
3. Number of dependents \_\_\_\_\_
4. Hours worked per week \_\_\_\_\_

- 5. Weekly gross salary/wages \_\_\_\_\_
- 6. Weekly deductions: \_\_\_\_\_
  - a. Social Security (FICA) Tax \_\_\_\_\_
  - b. New York State Tax \_\_\_\_\_
  - c. Federal Tax \_\_\_\_\_
  - d. Other payroll deductions \_\_\_\_\_
- 7. Income of other members of household \_\_\_\_\_

**NOTE:** ATTACH INFORMATION FOR ADDITIONAL EMPLOYERS ON SEPARATE PAGES.

b. Self-Employment Income (Describe and list self-employment income; attach to this form the most recently filed Federal and State income tax returns, including all schedules): \_\_\_\_\_

c. Interest/Dividend Income: \_\_\_\_\_

- d. Other Income:
- 1. Workers Compensation \_\_\_\_\_
  - 2. Disability Benefits \_\_\_\_\_
  - 3. Unemployment Insurance Benefits \_\_\_\_\_
  - 4. Social Security Benefits \_\_\_\_\_
  - 5. Veterans Benefits \_\_\_\_\_
  - 6. Pensions and Retirement Benefits \_\_\_\_\_
  - 7. Fellowships/Stipends/Annuities \_\_\_\_\_

e. Income from other sources: (List here and explain any other income including but not limited to: non-income producing assets; employment 'perks' and reimbursed expenses; fringe benefits as a result of employment; periodic income, personal injury settlements; non-reported income; and money, goods and services provided by relatives and friends) \_\_\_\_\_

**II. ASSETS:** The Court can consider the assets of the custodial parent and/or the non-custodial parent in its award of child support. List your assets as follows:

- a. Savings account balance (Name of bank: \_\_\_\_\_) a) \$ \_\_\_\_\_
- b. Checking account balance (Name of bank: \_\_\_\_\_) b) \$ \_\_\_\_\_
- c. Automobile(s) (Year and make: \_\_\_\_\_) c) \$ \_\_\_\_\_  
Loan information \_\_\_\_\_
- d. Residence owned (Address: \_\_\_\_\_) d) \$ \_\_\_\_\_
- e. Other real estate owned \_\_\_\_\_ e) \$ \_\_\_\_\_
- f. Other assets (For example: stocks, bonds, trailers, boat, etc.) \_\_\_\_\_ f) \$ \_\_\_\_\_
- g. Driver's, professional, recreational, sporting and other licenses and permits held (provide name of issuing agency, license number and attach a copy if possible) \_\_\_\_\_

**NOTE:** ATTACH TO THIS FORM ANY INFORMATION AS TO ANY ADDITIONAL ASSETS.

**III. DEDUCTIONS FROM INCOME:** The Court allows certain deductions from income prior to applying the child support percentages. List the deductions that apply to you as follows:

- |  |             |
|--|-------------|
| a. Unreimbursed employee business expenses                           | a) \$ _____ |
| b. Maintenance actually paid to spouse not a party to this action*   | b) \$ _____ |
| c. Maintenance actually paid to spouse who is a party to this action | c) \$ _____ |
| d. Child support actually paid on behalf of non- subject child(ren)* | d) \$ _____ |
| e. Family Assistance   | e) \$ _____ |
| f. Supplemental Security Income                                      | f) \$ _____ |
| g. NYC/Yonkers Income Tax  | g) \$ _____ |
| h. FICA  | h) \$ _____ |

\*Attach to this form a copy of the appropriate Court Order

**IV. HEALTH INSURANCE, UNREIMBURSED HEALTH-RELATED EXPENSES, CHILD CARE, EXPENSES, EDUCATIONAL EXPENSES AND LIFE AND ACCIDENT INSURANCE POLICIES:** As

part of the child support obligation, parents shall be directed to provide health insurance coverage, pay a pro-rated share of the cost or premiums to obtain or maintain the health insurance coverage, and pay a pro-rated share of unreimbursed health- related expenses, pay a pro-rated share of child care expenses and in the Court's discretion pay educational expenses. The Court may direct you to purchase and maintain life and/or accident insurance benefits or assign benefits on existing policies for the benefit of your children. List your information as follows and cross out or delete inapplicable provisions:

- a.  I have health insurance coverage through [specify]:  employer or organization  private purchase  
 New York State "Child Health Plus" program  New York State Medical Assistance Program.  
 I do not have health insurance coverage [If this box is checked, skip to ¶ IV b].
- My coverage includes  medical  dental,  prescription drug,  optical,  other health care services or benefits [specify]: \_\_\_\_\_
  - The portion of the cost of the insurance paid by my employer or through my employment is \$ \_\_\_\_\_ per [specify time period]: \_\_\_\_\_. The cost of the insurance paid by me is \$ \_\_\_\_\_ per [specify time period]: \_\_\_\_\_.
  - The person(s) covered by my insurance is/are: \_\_\_\_\_
  - My policy number is \_\_\_\_\_
  - Coverage  does  does not presently include my child(ren). The additional cost to me to include my child(ren) would be [specify cost for each type of benefit; if benefit unavailable, so indicate]:  
 Medical: \$ \_\_\_\_\_ per \_\_\_\_\_. Optical: \$ \_\_\_\_\_ per \_\_\_\_\_.  
 Dental: \$ \_\_\_\_\_ per \_\_\_\_\_. Prescription drugs: \$ \_\_\_\_\_ per \_\_\_\_\_.  
 Other Health Services or Benefits [specify]: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_.
  - The name and address of my primary (and secondary) health insurer is/are: \_\_\_\_\_
  - My primary (and secondary) health plan administrator is/are: (indicate name, address and telephone number of contact person for employer or organization): \_\_\_\_\_
  - There are  medical,  dental,  prescription drug,  optical,  other health care benefits [specify]: \_\_\_\_\_ insurance benefits available to the child(ren) through an \_\_\_\_\_

individual who is not a party to this action. This individual is [indicate name and relationship]: \_\_\_\_\_  
\_\_\_\_\_ . These benefits cost as follows : \_\_\_\_\_  
per [specify time period]: \_\_\_\_\_ :

b. My child care provider is: \_\_\_\_\_ . The average number of  
hours of child care incurred per week are: \_\_\_\_\_

c. My child's educational needs and expenses are: \_\_\_\_\_

d. I have the following life and accident insurance policies:

1. Life insurance: (Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_  
(Beneficiary/Beneficiaries): \_\_\_\_\_

(Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_  
(Beneficiary/Beneficiaries): \_\_\_\_\_

2. Accident insurance: (Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of insurer): \_\_\_\_\_ \$ \_\_\_\_\_

This information is current as of (specify date) \_\_\_\_\_ .

**VI. VARIANCE FROM THE PERCENTAGES:** The Family Court Act allows the Court to order support different from the percentages if the Court finds that the support based upon the percentages would be unjust or inappropriate due to certain factors. The factors are set forth in Addendum D. The following is/are the factor(s) that the Court should consider in this case: \_\_\_\_\_

**VI. EXPENSES:** In ordering support by the percentages the Court is not obligated to consider expenses. However, if the Court varies from the percentages, expenses may be considered. List your expenses as follows: [List all expenses on a weekly or monthly basis; however, you must be consistent: if any items are paid monthly, divide by 4 to obtain the weekly payment; if any items are paid weekly, multiply by 4 to obtain the monthly payment].

(Please specify): I am listing my expenses on a (weekly)( monthly) basis:

- a. Rent or mortgage payment a) \$ \_\_\_\_\_
- b. Mortgage interest and amortization b) \$ \_\_\_\_\_
- c. Realty taxes (if not included in mortgage payment) c) \$ \_\_\_\_\_
- d. Insurance on realty d) \$ \_\_\_\_\_
- e. Utilities: gas \_\_\_\_\_ electric/ water \_\_\_\_\_ telephone \_\_\_\_\_ cable \_\_\_\_\_ e) \$ \_\_\_\_\_
- f. Garbage collection f) \$ \_\_\_\_\_
- g. Household repairs (specify: \_\_\_\_\_) g) \$ \_\_\_\_\_
- h. Food h) \$ \_\_\_\_\_
- i. Charge accounts, loans, etc. 1) \_\_\_\_\_ i) \$ \_\_\_\_\_  
(from Section VII below) 2) \_\_\_\_\_  
3) \_\_\_\_\_
- j. Auto expenses: gas \_\_\_\_\_ maintenance \_\_\_\_\_ insurance & fees \_\_\_\_\_ loan \_\_\_\_\_ j) \$ \_\_\_\_\_
- k. Public transportation k) \$ \_\_\_\_\_
- l. Life insurance l) \$ \_\_\_\_\_
- m. Health insurance m) \$ \_\_\_\_\_
- n. Clothing : self \$ \_\_\_\_\_ others \$ \_\_\_\_\_ (explain: \_\_\_\_\_) n) \$ \_\_\_\_\_
- o. Laundry and dry cleaning o) \$ \_\_\_\_\_

- p. Education and tuition (explain: \_\_\_\_\_) p)\$ \_\_\_\_\_
- q. Child care \_\_\_\_\_ q)\$ \_\_\_\_\_
- r. Contributions \_\_\_\_\_ r)\$ \_\_\_\_\_
- s. Union dues (mandatory: yes \_\_\_\_\_ no \_\_\_\_\_) s)\$ \_\_\_\_\_
- t. Entertainment \_\_\_\_\_ t)\$ \_\_\_\_\_
- u. Miscellaneous personal expenses (specify: \_\_\_\_\_) u)\$ \_\_\_\_\_
- v. Other (specify: \_\_\_\_\_) v)\$ \_\_\_\_\_

**VII. LIABILITIES, LOANS AND DEBTS:** In ordering support by the percentages the Court is not obligated to consider liabilities, loans, and debts. However, if the Court varies from the percentages, they may be considered. List your liabilities, loans and debts as follows:

Creditor _____	Creditor _____	Creditor _____
Purpose _____	Purpose _____	Purpose _____
Date incurred _____	Date incurred _____	Date incurred _____
Total balance due _____	Total balance due _____	Total balance due _____

**NOTE: ATTACH TO THIS FORM INFORMATION REGARDING ANY ADDITIONAL DEBTS.**

\_\_\_\_\_  
**(Petitioner)(Respondent)**

\_\_\_\_\_  
**Print or Type Name**

\_\_\_\_\_  
**Signature of Attorney, if any**

\_\_\_\_\_  
**Attorney's Name (Print or Type)**

\_\_\_\_\_  
**Attorney's Address and Telephone Number**

I have carefully read the foregoing statement and attest to its truth and accuracy.

Sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 (Deputy)Clerk of the Court  
 Notary Public

**ADDENDUM A  
CHILD SUPPORT PERCENTAGES**

The child support percentages that shall be applied by the Court unless the Court makes a finding that the non-custodial parent's share is unjust or inappropriate are as follows: 17% for one child; 25% for two children; 29% for three children; 31% for four children; and no less than 35% for five or more children.

**ADDENDUM B  
COMBINED PARENTAL INCOME OVER \$80,000.00**

Where combined parental income exceeds \$80,000.00, the Court shall determine the amount of child support for the amount of the combined parental income in excess of such dollar amount through consideration of the factors set forth in Addendum D and or the support percentage set forth in Addendum A.

**ADDENDUM C  
SELF-SUPPORT RESERVE**

Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the poverty income guidelines amount for a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be twenty-five dollars per month unless the interests of justice dictate otherwise. Where the annual amount of the basic child support obligation would reduce the non-custodial parent's income below the self-support reserve but not below the poverty income guidelines amount of a single person as reported by the federal Department of Health and Human Services, the basic child support obligation shall be fifty dollars per month or the difference between the non-custodial parent's income and the self-support reserve, whichever is greater.

**ADDENDUM D  
VARIANCE FROM THE PERCENTAGES**

The Court has the discretion to vary from the percentages if it finds that the non-custodial parent's pro-rata share of the basic child support obligation is unjust or inappropriate. This finding shall be based upon consideration of the following factors:

1. The financial resources of the custodial and non-custodial parent, and those of the child.
2. The physical and emotional health of the child and his/her special needs and aptitudes.
3. The standard of living the child would have enjoyed had the marriage or household not been dissolved.
4. The tax consequences to the parties.
5. The non-monetary contributions that the parents will make toward the care and well-being of the child.
6. The educational needs of either parent.
7. A determination that the gross income of one parent is substantially less than the other parent's gross income.
8. The needs of the children of the non-custodial parent for whom the non-custodial parent is providing support who are not subject to the instant action and whose support has not been deducted from income, and the financial resources of any person obligated to support such children, provided, however, that this factor may apply only if the resources available to support such children are less than the resources available to support the children who are subject to the instant action.
9. Provided that the child is not on public assistance (i) extraordinary expenses incurred by the non-custodial parent in exercising visitation, or (ii) expenses incurred by the non-custodial parent in extended visitation provided that the custodial parent's expenses are substantially reduced as a result thereof.
10. Any other factors the Court determines are relevant in each case.

**NOTE:** The language in the above Addenda is paraphrased from that in the statute for the purposes of simplification. For statutory language, see Family Court Act Sections 413(1), 416 and 424-a and Domestic Relations Law Sections 236-B and 240.