

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

In the Matter of

_____, **PETITIONER**

FIRST M.I. LAST

Address: _____

Phone # H: () - W: () -
 C: () -

Docket #: _____

Family File #: _____

PETITION FOR:

- CHILD SUPPORT**
- SPOUSAL SUPPORT**

-AGAINST-

_____, **RESPONDENT**

FIRST M.I. LAST

Address: _____

Phone # H: () - W: () -
 C: () -

THE PETITIONER, BEING DULY SWORN, STATES THAT:

1. Petitioner is authorized to bring this proceeding against Respondent because *(check all that 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>Male</u>	<u>Female</u>
_____	<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 _____, 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 the box that applies to you:
- I have applied for child support services with the _____ 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 children, and for other relief as the law provides.

Dated: _____

Petitioner's Signature

Print Name

Attorney's Signature (if applicable)

Print Attorney's Name (if applicable)

VERIFICATION

STATE OF NEW YORK)
COUNTY OF)

The Petitioner herein, 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's Signature

Subscribed and Sworn to before me
on _____.

(Deputy) Clerk of the Court,
Notary Public or Comm. of Deeds

NOTICE

(1) COST OF LIVING ADJUSTMENT: 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 24 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) ADJUSTMENT FOR CHILDREN RECEIVING FAMILY ASSISTANCE: 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 24 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) FAILURE TO NOTIFY SCU OF ADDRESS CHANGE: 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.