

F.C.A. Article 4, S.S.L. § 111 -k ;
Public Health Law § 4135-b

Form 4-18
(Petition for Support
After Acknowledgment
Of Paternity-Individual)
9/2006

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF ERIE

DOCKET NO.

.....
IN THE MATER OF A PROCEEDING FOR SUPPORT
UNDER ARTICLE 4 OF THE FAMILY COURT ACT

S.S.# **Petitioner,**
-against-

**PETITION FOR
SUPPORT AFTER
ACKNOWLEDGMENT
OF PATERNITY
(INDIVIDUAL)**

S.S.# **Respondent.**
.....

PETITIONER
(list information about yourself)

RESPONDENT
(list information about other party)

STREET: _____

STREET: _____

CITY/STATE: _____

CITY/STATE: _____

ZIP: _____ COUNTY: _____

ZIP: _____ COUNTY: _____

DOB: _____

DOB: _____

SEX: _____ RACE: _____

SEX: _____ RACE: _____

SS#: _____

SS#: _____

WGT: _____ HGT: _____

WGT: _____ HGT: _____

HAIR COLOR: _____ EYE COLOR _____

WGT: _____ HGT: _____

TEL: _____

TEL: _____

EMP: _____

EMP: _____

ATTY: _____

ATTY: _____

TO THE FAMILY COURT:

1. a. [Applicable when Mother is Petitioner]: Petitioner is authorized to originate this proceeding because on [specify date]: _____ she executed an acknowledgment of paternity pursuant to Social Services Law 111-k and Public Health Law § 4135-b acknowledging she is the mother of [specify child]: _____ who was born out of wedlock on [specify birth date]: _____ in [specify city and state of birth]: _____ The acknowledgment stated that Respondent [specify]: _____ is the only possible father of the child. _____.

b. [Applicable when Father is Petitioner]: Petitioner is authorized to originate this proceeding because on [specify date]: _____ he executed an acknowledgment of paternity pursuant to Social Services Law 111-k and Public Health Law § 4135-b acknowledging he is the father of [specify child]: _____ who was born out of wedlock on [specify birth date]: _____ in [specify city and state of birth]: _____

2. The child or children's name, date of birth, social security number are as follows:

Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The Respondent is chargeable with the support of the above-named child in that (she) (he) duly executed an acknowledgment of paternity pursuant to SSL§ 111-K and P.H.L. § 4135-b on [specify date]: _____ acknowledging that [check applicable box]: she is the mother he is the biological father of the child.

4. The acknowledgment has has not been filed with the appropriate registrar of birth records and a copy is is not attached to this petition and made a part of it.

5. (Upon information and belief) Respondent, on or about [specify date]: _____ and after that date, has failed to provide fair and reasonable support for the child according to Respondent's means and earning capacity.

[Check boxes if applicable; delete paragraphs 7 and/or 8 if inapplicable]:

6. Respondent's past financial responsibility credit references credit history and other [specify]:
make it unlikely that Respondent will make payments in accordance with the order of support requested in this petition.

7. Respondent has an employer income payor, as defined in CPLR Sec.5241(a), whose name and address are [specify]: _____, as a source of income.

8. Petitioner: [check applicable box]:

- has applied for child support services with the local Department of Social Services.
- now applies for child support enforcement services by the filing of this petition.
- does not wish to make application for child support services.
- is not eligible for child support enforcement services). [Petitioners seeking only spousal support are ineligible.]

9. Respondent had did not have a prior order of support that was payable through the Support Collection Unit.

10. No previous application has been made to any Court or judge for the relief requested in this Petition (except

WHEREFORE, Petitioner requests an order of support directing Respondent to pay fair and reasonable support, requiring that Respondent exercise the option of additional coverage for health insurance in favor of his her above-named child(ren), and for such other and further relief as the law provides.

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.

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

**FOR OFFICE USE ONLY- DO NOT COMPLETE
PRE-TRIAL INFORMATION**

<u>INITIAL APPEARANCE</u>	INCOME: C/P N/C/P
<u>ADJ. DATE:</u>	<u>VARIANCE ISSUES:</u>
<u>ADJ. DATE:</u>	<u>MEDICAL ISSUES:</u>
<u>ADJ. DATE:</u>	<u>CHILD CARE</u>
<u>ADJ. DATE</u>	<u>EDUCATIONAL ISSUES:</u>
<u>POSSIBLE SETTLEMENT:</u> C/P N/C/P	<u>DISCOVERY ISSUES:</u>
	<u>MISCELLANEOUS:</u>