

FAMILY COURT OF THE STATE OF NEW YORK
WESTCHESTER COUNTY

F.C.A. §§ 433, 531-a, 580-316

REQUEST TO TESTIFY IN COURT
PROCEEDINGS BY TELEPHONE

THIS FORM MUST BE COMPLETED AND RETURNED TO THE COURT
NO LESS THAN THREE (3) DAYS BEFORE THE SCHEDULED HEARING.

_____ Petitioner,

FILE # _____

DOCKET # _____

vs.

_____ Respondent.

Unless you hear from the court denying your request for a telephone hearing, you may consider your request granted. If your hearing is scheduled in the morning, you must be available between the hours of 9:00 am 1:00 pm Eastern Standard Time. If your hearing is scheduled in the afternoon, you must be available between 1:00 pm and 5:00 pm Eastern Standard Time. You must resubmit this application via fax to 914-231-3016 if your case is forwarded to a Family Court Judge for further proceedings.

I, _____, am the (circle one) Petitioner / Respondent in the above action. I reside at _____.

A hearing is scheduled on this matter on _____ at _____ am / pm New York time, before Support Magistrate _____

at the **Yonkers Family Court of the State of New York, located at
53 South Broadway, 3rd Floor, Yonkers, New York 10701.**

Pursuant to New York State Family Court Act 433, 531-a, or 580-316, I respectfully request that I be permitted to testify in this matter by telephone/audio visual/other electronic means for the following reasons:

The telephone number that I may be reached at on the date of the hearing is: _____
THIS IS MY (CIRCLE ONE) WORK / HOME / CELL / OTHER

I understand that it is my responsibility to provide the Westchester Family Court with a telephone number for the Court to use to telephone me on the scheduled court hearing date and time so that I may testify by telephone.

I further understand that I must be available to the Court to testify by telephone for up to a four (4) hour period after the time the court hearing is scheduled, and that if the Court telephones me and I do not answer the phone, the Court can proceed in my absence if I am the Respondent, and grant the relief requested in the petition; or, if I am the Petitioner, the Court may dismiss my petition if there is a failure to establish a prima facie case. I may also seek assistance from my local Child Support Enforcement Agency to arrange the telephonic hearing.

Any request for information on a case must be made in writing to:
The Office of Child Support Enforcement at 100 East First Street (3rd and 5th Floors), Mount Vernon,
New York 10550, or to your local Office of Child Support Enforcement, and not to the Court.

DATE: _____

Telephonic Applicant

Sworn to me this _____ day of _____ 200_

Please print or type name

Notary Public

Home Address: _____

For Court Use Only

Status of Case: