

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of

Docket No. _____

A Person Alleged to be a Person
in Need of Supervision,

PETITION (Termination
of Placement)

Respondent.

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges upon information and belief that:

1. Petitioner, _____, is the parent guardian
next friend of the above-named Respondent, and resides at [specify]:

OR

Petitioner, _____, is a duly authorized agency
that has its principal office at [specify]:

2. Under an Order of Fact-finding and Disposition of this Court,
dated _____, the Respondent was adjudicated to be a person in need of supervision
within the meaning of Article 7 of the Family Court Act and placed in the custody of
_____ for a period of _____
months, terminating on _____.

3. Respondent is now in the custody of [specify]: _____ and the
placement should be terminated for the following reasons:

4. No previous application has been made to any court or judge for _____ this relief
(except [specify]: _____.)

5. The Petitioner has made application to the agency with which the child has been placed for the
release of Respondent, which application was [check applicable box]: denied not granted within
thirty days from the day application was made)

WHEREFORE, Petitioner requests this Court to issue an Order terminating the placement of
Respondent and directing release.

Dated: _____, _____.

Petitioner
(By: _____
Name

Title

Signature of Attorney, if any

Attorney's Address and Telephone Number

VERIFICATION (Individual)

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

_____, being duly sworn,

deposes and says:

That (s)he is the _____ in the above-entitled proceeding and is acquainted with the facts and circumstances therein; that (s)he has read the foregoing and knows the contents thereof; that the same is 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.

Sworn to before me this _____ day of _____, _____ .

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

VERIFICATION (Agency)

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

_____, being duly sworn,

deposes and says:

That (s)he is the _____ of _____, an agency authorized to originate the above- entitled proceeding, and is acquainted with the facts and circumstances therein; that (s)he has read the foregoing and knows the contents thereof; that the same is 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.

Name

Title

Sworn to before me this _____ day of _____

Notary Public