

FAMILY COURT OF THE STATE OF NEW YORK COUNTY OF

In the Matter of the Adoption of A Child whose First Name is

(Docket)(File) No.

SUPPLEMENTAL AFFIDAVIT (AGENCY)

STATE OF NEW YORK )
COUNTY )

(and )

being duly sworn, depose(s) and say(s):

That deponent(s) (is) (are) the same person(s) who on filed in this Court a petition for adoption of the above-named adoptive child. Deponent(s) reallege(s) and reaffirm(s) each of the matters set forth in said petition heretofore filed and represent(s) to the Judge of this Court that there has been no change of circumstances whatsoever since the filing of said original petition, dated: , except as follows:

Date:

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 18: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

Sworn to before me this day of , .

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Judge of the Court