

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

.....

Petitioner,  
  
-against-

Docket No.  
ADDRESS CONFIDENTIALITY  
AFFIDAVIT

Respondent

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

1. I, [specify name]: \_\_\_\_\_, am the  Petitioner  Respondent in the above entitled proceeding.

2. I am requesting address confidentiality because [check applicable boxes]

- Disclosure of my address or other identifying information would pose an unreasonable risk to my health or safety or my child(ren)'s health or safety.
- I am in a residential program for victims of domestic violence or a shelter provided for parents accompanying abused or neglected children, or a shelter for homeless persons.
- I have an address confidentiality order from [specify court or state agency and date]:

3. I designate the following person as the agent for service of process and all papers in this case [specify, Clerk of Court, attorney or other person and address]:<sup>1</sup>

4. I agree to inform the person named above as the agent for service of process of any change in my address.

Sworn to before me this  
day of \_\_\_\_\_,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name

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

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
Attorney's Address and Telephone Number

<sup>1</sup>Any person over the age of 18, who is not a party to the proceeding, or the Clerk of the Court may be designated as the agent for service of process and papers.