

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....

In the Matter of

CIN #  
(A child)(Children) under the Age of  
Eighteen Years Alleged to be  
Abused Neglected by

Docket No.  
NOTICE  
(Temporary Removal of  
Child and Right to Hearing)

Respondent(s)

.....

**NOTICE: IF YOUR CHILD STAYS IN FOSTER CARE FOR 15 OF THE MOST RECENT 22 MONTHS, THE AGENCY MAY BE REQUIRED BY LAW TO FILE A PETITION TO TERMINATE YOUR PARENTAL RIGHTS AND MAY FILE BEFORE THE END OF THE 15-MONTH PERIOD. IF SEVERE OR REPEATED ABUSE IS PROVEN BY CLEAR AND CONVINCING EVIDENCE, THIS FINDING MAY CONSTITUTE THE BASIS TO TERMINATE YOUR PARENTAL RIGHTS. IF THE PETITION IS GRANTED, YOU MAY LOSE YOUR RIGHTS TO YOUR CHILD AND YOUR CHILD MAY BE ADOPTED WITHOUT YOUR CONSENT.**

PLEASE TAKE NOTICE that the child(ren) named above (has)(have) been temporarily removed from (his)(her)(their) home and taken into protective custody to avoid imminent danger to the child(ren)'s life or health [check applicable box]:

- upon the written consent of a parent or other person legally responsible [Family Court Act §1021];
- on an emergency basis [Family Court Act §1024].

CONTACT INFORMATION [insert name, title, agency, address and telephone numbers]:  
Your child(ren) was/were removed by [specify]:

You can find out the date, time and place for you to appear for a hearing on the return of your child(ren) and for information on the filing of the petition in Family Court by calling [specify]:

Your child(ren) were or will be taken to the following child care agency [specify]:

To arrange visits with your child(ren), you can call [specify]:

You have a right to ask the Family Court for the return of your child(ren) and to have a hearing within three court days [Family Court Act §1028]. To do so, you must file an application in the Family Court, County [specify address and telephone number of the Family Court]:

You have the right to be represented by a lawyer. If you cannot afford a private lawyer, you have the right to ask the court to assign a lawyer.

Date: Name,  
Title/Agency:  
Address, Telephone No.: