

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of

Docket No.

A Person Alleged to be a
Juvenile Delinquent,
Commitment)

PETITION
(To Determine Capacity
After Prior

Respondent.

TO THE FAMILY COURT:

The undersigned (appearing on behalf of the) Petitioner respectfully alleges that:

1. (a.) Petitioner is: the Commissioner of Mental Health Commissioner of the Office of People with Developmental Disabilities related to Respondent in the above-entitled proceeding as follows [specify]:
and appeared on behalf of the Respondent for the purpose of this petition.

(b) Respondent is in the custody of the Commissioner of Mental Health Commissioner of the Office of People with Developmental Disabilities for a period which will expire on [specify date]: _____, pursuant to an order dated [specify]: _____, entered in the above-entitled proceeding which determined that the Respondent is an incapacitated person as defined in subdivision (13) of section 301.2 of the Family Court Act and lacks the capacity to understand the proceedings against him or her or to assist in his or her own defense.

2. Petitioner has determined alleges that Respondent is no longer incapacitated in that [specify]: _____

WHEREFORE Petitioner requests that the Court enter an order declaring that Respondent is no longer an incapacitated person as defined in subdivision 13 of section 301.2 of the Family Court Act.

Dated:

Commissioner
By: _____
Name

Title

OR

By _____
Person Appearing on Behalf of the Respondent

**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.

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Name

Title

Sworn to before me this
___ day of _____, ____

Notary Public

**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)
