F.C.A .§ 413(3)(d) Form 4-20

 (Motion to Vacate

 Adjusted Order of

 Support)

 1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

...........................................................................................

In the Matter of a Proceeding under Article 4 of the DOCKET NO.

Family Court Act,

 NOTICE OF MOTION Petitioner TO VACATE ADJUSTED

 ORDER OF SUPPORT

 -against-

 Respondent

............................................................................................

I, the □ Petitioner □ Respondent in the

above-entitled proceeding move to vacate the adjusted order of support entered in

the above-entitled proceeding on

The Motion will be heard in the County Family Court located

at on , at in the □ morning □ afternoon.

Attached is an affirmation in support of this Motion to Vacate the Adjusted Order of Support in which I state that personal jurisdiction over me was not timely obtained.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of □ Petitioner □ Respondent

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print or type name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Attorney, if any

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Name (Print or Type)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney’s Address and Telephone Number

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_