

F.C.A; 413, 413-b, 416, 421, 422,
423; CPLR 5242; DRL §244-d
[NOTE: Personal Information Form 4-5/5-1-d,
containing social security numbers of parties and
dependents, must be filed with this Petition]

Form 4-3c
(Support–Petition–
Adult Dependent)
10/2021

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of a Proceeding for Support
Under Article 4 of the Family Court Act

File No.

Petitioner,

Docket No.

-against-

SUPPORT PETITION
(Adult Dependent)

Respondent.

.....
TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges that:

1. a. I reside at [specify]:¹
b. Respondent resides at [specify]:²
2. I am authorized to originate this proceeding because:
 - I am a parent of the adult dependent named below. [Check applicable box(es)]:
 - I am the birth parent of the child.
 - I was married to Respondent at the time of the conception or birth of the adult dependent.
 - An order of parentage was made on [specify date and court and attach true copy]:
which declared that I am a parent of the child.
 - An acknowledgment of parentage was signed on [specify date]:
by [specify who signed and attach a true copy]:
 - Other [specify Petitioner’s relationship to the adult dependent]:
3. Respondent is chargeable with the support of the following adult dependent:

<u>NAME:</u>	<u>DATE OF BIRTH:</u>

¹ Unless the Court has ordered the address to be confidential on the ground that disclosure would pose an unreasonable health or safety risk. See Family Court Act §154-b; Form 21 (available at www.nycourts.gov).

² Unless the Court has ordered the address to be confidential on the ground that disclosure would pose an unreasonable health or safety risk. See Family Court Act §154-b; Form 21 (available at www.nycourts.gov).

4. The adult dependent is under the age of 26, resides with me, and is principally dependent on me for maintenance.

5. The adult dependent is developmentally disabled as defined under subdivision 22 of section 1.03 of the Mental Hygiene Law.³

6. The finding of a developmental disability is supported by a diagnosis of a physician, licensed psychologist, registered professional nurse, licensed clinical social worker, or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker authorized to practice under title eight of the education law, and acting within their lawful scope of practice. **The report containing the diagnosis of a developmental disability is attached and made a part of this petition.**

7. Respondent is a parent of the adult dependent [Check applicable box(es)]:

- Respondent is the birth parent of the child.
- Respondent was married to the birth parent at the time of the conception or birth of the adult dependent.
- An order of parentage was made on [specify date and court and attach true copy]:
which declared that Respondent is a parent of the child.
- An acknowledgment of parentage was signed on [specify date]:
by [specify who signed and attach a true copy]:

8. [Applicable to cases in which mother is not a party]: The name and address of the mother is [indicate if deceased or if address ordered to be kept confidential pursuant to Family Court Act §154-b(2) or Domestic Relations Law §254]:

9. [Check applicable box(es); if not applicable, SKIP to ¶7]:
Respondent has an employer income payor as defined in Civil Practice Law and Rules 5241(a), whose address is [specify]: _____, as a source of income.

³ **Error! Main Document Only.**“Developmental disability” means a disability of a person which:

- (a) (1) is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism;
- (2) is attributable to any other condition of a person found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of intellectually disabled persons or requires treatment and services similar to those required for such person; or
- (3) is attributable to dyslexia resulting from a disability described in subparagraph one or two of this paragraph;
- (b) originates before such person attains age of twenty-two;
- (c) has continued or can be expected to continue indefinitely; and
- (d) constitutes a substantial handicap to such person's ability to function normally in society. [MHL §1.03(22)].

10. No previous application has been made to any judge or court, including a Native American tribunal, or is presently pending before any judge or court, for the relief requested in this petition (except)

WHEREFORE, I am requesting that this Court issue an order of support directing Respondent to pay fair and reasonable support, that Respondent be required to exercise the option of additional coverage for health insurance in favor of the above-named adult dependent up until the dependent reaches the age of 26, if available, and for such other and further relief as the law provides.

Dated:

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number