

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

Docket #: \_\_\_\_\_

\_\_\_\_\_  
IN THE MATTER OF

Petitioner,

vs.

REBUTTAL TO OBJECTION TO  
SUPPORT MAGISTRATE ORDER

Respondent.  
\_\_\_\_\_

I am a Party in the above-entitled proceeding and was served on [specify date]: \_\_\_\_\_ with specific written objections to the order made by the Support Magistrate on [specify date]; \_\_\_\_\_ . I oppose the objections for the following reasons:

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

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

\_\_\_\_\_  
Signature:  Petitioner     Respondent

\_\_\_\_\_  
Print or Type Name

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

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

\_\_\_\_\_

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

**IMPORTANT:** You have the right to file a written response to the objections within 13 days of the service of the written objections to a Support Magistrate's Order. A copy of your response, known as a rebuttal, must be in writing and contain: the name and docket number of the case, the date the objections were served, the specific objections you are answering and the reasons for your rebuttal. It must be served in person or by mail upon the objecting party and his or her attorney, if any, within 13 days of the service of the objection. If the rebuttal is served in person, service must be made by an individual 18 years of age or older who is not a party to this action. You must file the rebuttal with the Clerk of Court, together with an affirmation of service of the rebuttal upon the objecting party and attorney, if any. The affirmation of service form is on the second page of this rebuttal form. All forms are also available at: [www.nycourts.gov/forms/familycourt/index.shtml](http://www.nycourts.gov/forms/familycourt/index.shtml).

**Affirmation of  Personal Service  Mail Service  Other: \_\_\_\_\_**

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

RETURN DATE: \_\_\_\_\_  
PART \_\_\_\_\_  
DOCKET NO. \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, depose and say,  
(Name of Person Making Service)

**YOU  
MUST  
Complete  
This  
Section**

1. That I am at least 18 years of age and I am not a party to the above action, and reside at:  
\_\_\_\_\_  
(Street) (City) (County)

2. On the \_\_\_\_ day of \_\_, 20\_\_\_\_, at \_\_\_\_\_  
(Specify time)

at \_\_\_\_\_ in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of New York, I personally served a copy of:

**Check All  
that Apply**

Order  Petition  Summons  Order to Show Cause  
 Objections to Support Magistrate Final Order  Notice of Motion/Affidavit in Support  Rebuttal to  
Objections to Hearing Examiner Final Order  UCCJEA Notice  
on \_\_\_\_\_, in the above-mentioned action by:

**If Papers  
SERVED**

3. I personally served \_\_\_\_\_ copies of the said papers by  
(Name of Person Served)  
delivering and leaving with \_\_\_\_\_ at the above time and place.  
(Name / to whom papers given)

**IN PERSON**

I knew the person so served to be \_\_\_\_\_  
(Name / to whom papers given)

**Complete this  
Section**

4. a.  the person named in the papers as the  Respondent  Petitioner in this action  
b.  I believe this person would give the papers to the  Respondent  Petitioner. (You must also  
mail a copy and complete paragraph #6)

5. DESCRIPTION OF PERSON SERVED:  
sex: \_\_\_\_ color of skin: \_\_\_\_ hair: \_\_\_\_ approximate age: \_\_\_\_ approximate height: \_\_\_\_  
approximate weight: \_\_\_\_ other identifying features: \_\_\_\_\_

**You Must Complete  
IF MAIL  
SERVICE  
ORDERED BY  
COURT or  
Paragraph 4b IS  
CHECKED**

6. I deposited a true copy of the papers upon \_\_\_\_\_  
(Name of Person Served)  
enclosed in a post-paid envelope in the  Post Office  a Branch Post Office  a Post Office Box  
regularly maintained by the United States government at \_\_\_\_\_  
County of \_\_\_\_\_, State of New York, directed to \_\_\_\_\_  
(Address papers mailed to)  
 the residence of \_\_\_\_\_  
(Person papers mailed to)

**OR**

the address within the State designated by (him)(her) to receive communication by mail.

7. The court ordered the papers to be served by the following alternative method:

*Complete this  
Section*

**IF**

**ALTERNATIVE  
SERVICE OR  
DIRECTED BY  
COURT**

\_\_\_\_\_. I, therefore, served the papers as follows:  
(Specify method ordered by Court)

\_\_\_\_\_  
(Describe all actions taken, including dates, how and to whom papers were transmitted)

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I affirm this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
(Signature / Person Serving)