F.C.A. §451, 548 Form 5-17b

 (Paternity-- Affirmation in Support of Motion to Vacate Judgment for Lack of Service)

 (1/2024)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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

In the Matter of a Proceeding under Article 5 of the DOCKET NO.

Family Court Act,

 AFFIRMATION IN SUPPORT Petitioner OF MOTION TO VACATE

 FOR LACK OF SERVICE

 -against-

 Respondent

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

 I, [specify name]: , [check if applicable]: □ an attorney duly admitted to practice law in the State of New York, affirm the following to be true under the penalties of perjury:

 1. I am: , the Respondent in the above-entitled action. I make this affirmation in support of the motion for an Order vacating the [check applicable box(es)]: □ Order of Filiation □ Order of Child Support , entered by this Court on [specify date(s)]: , for the support of the following child(ren)[specify]:

A copy of the □ Order of Filiation □ Order of Child Support is attached.

 2. I did not appear in Court on the date the Order was issued because I had not been served with a summons or petition and I had no notice of the proceedings.

 3. I did not make this motion earlier because [specify reasons, if any]:

 4. If I had appeared in court I would have presented the following valid defense to the paternity petition [briefly summarize defense]:

 5. No previous application has been made to any court or judge for the relief herein requested (except [specify]:

 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.

 WHEREFORE, I respectfully request that the □ Order of Filiation □ Order of Child Support entered by this Court on [specify date]: be vacated and that this Court grant such other and further relief as it may deem proper.

Dated , .

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

 Signature of Applicant

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

 Print or Type Name

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

 Signature of Attorney, if any

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

 Attorney’s Name (print or type)

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

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

 Attorney’s Address and Telephone Number