S.S.L. § 374(6); Form 9-A

22 NYCRR 205.53(b)(8) (Affirmation of Financial

 Disclosure - Parents

 - Agency)

 1/24

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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

In the Matter of the Adoption of (Docket)(File) No.

A Child whose First Name is

 AFFIRMATION OF

 FINANCIAL

 DISCLOSURE -

 PARENTS

 (Agency)

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

 (and )

being duly affirm, depose(s) and say(s):

1. That deponent(s) reside(s) at

 and (is)(are)

the (petitioning adoptive parent(s) (birth or legal parent(s)) of the above-named adoptive child; and

 2. That deponent(s) (has)(have) paid or given or caused to be paid or given or undertaken to pay or give the following expenses, contributions, compensation or things of value, either directly or indirectly, to any person, agency, association, corporation, institution, society or organization, in connection with the placing out of said adoptive child with deponent(s) or with the adoption of said child by deponent(s):

 [Specify recipient, amount, form,

 and purpose of each payment. If

 none, so state.]

 3. That deponent(s)(has)(have) requested, received, or accepted, either directly or indirectly, the following compensation or things or value from any person, agency, association, corporation, institution, society or other organization in connection with the placing out of said adoptive child with deponent(s) or with the adoption of said child by deponent(s).

 [Specify source, amount, form

 and purpose of each payment

 requested or received. If none,

 so state.]

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.

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

\*(Adoptive) (Birth)(Legal) Parent: typed or printed name/ signature

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

\*(Adoptive)(Birth) (Legal) Parent: typed or printed name/ signature

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

\*Attorney if any: typed or printed name/signature

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

\*Attorney’s Address and Telephone number