22 NYCRR 205.53(c) Form 10-B

(Supplemental Affirmation

Private-Placement) 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

SUPPLEMENTAL

AFFIRMATION

(Private-Placement)

(and )

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

1. Deponent(s) (is) (are) the same person(s) who on

filed in this Court a petition for adoption of the above-named adoptive child.

2. Deponent(s) (is) (are) over the age of twenty-one years, citizen(s) of the United States, and (unmarried) (married and living together) (married and living apart).

3. The post-office addresses, place(s) of residence and home telephone number(s) of petitioner(s) (is) (are)

Petitioner (specify name):

Petitioner (specify name):

4. Petitioner(s) hereby state(s) that there has been no change of circumstances whatsoever since the filing of said original petition, dated , except as follows:

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 Parent: typed or printed name/ signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoptive Parent: typed or printed name / signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adoptive child if over 18: typed or printed name/ signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney if any: typed or printed name/signature

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Attorney’s Address and Telephone number

Date: