F.C.A. Art. 5-C Form 5-C-3

 (Parentage Petition- Assisted Reproduction)

 (2/2021)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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

In the Matter of a Parentage Proceeding Concerning

 [Child's name]: Family File No.

 Docket No.

A child conceived as a result of Assisted Reproduction PARENTAGE PETITION-

 ASSISTED REPRODUCTION

 Petitioner(s)

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

TO THE FAMILY COURT:

The undersigned respectfully alleges that:

1. [check applicable box(es)]:

a. Petitioner #1: I am the [check one]:

□ Gestating or pregnant parent

□ Other intended parent

□ Gamete or embryo donor

□ Child

□ Representative of child

□ Representative of deceased or incapacitated individual

□ Social services official or government agency

 □ Other individual with claim to parentage [specify]:

b. [Delete if Inapplicable] Petitioner #2: I am the [check one]:

□ Gestating or pregnant parent

□ Other intended parent

 2. [Check applicable box]:

 □ The gestating intended parent gave birth to the following

 □ male □ female □ non-binary/other child:

|  |
| --- |
| Name: |
| Date of Birth: |
| Address[[1]](#footnote-1): |

□ who was born in [specify County and State where the child was born]:

 □ The gestating intended parent is now pregnant with a child, who is expected to be born on

 or about [specify date]: in [specify County and State where

 the child is expected to be born]:

3. □ I am □ We are submitting this petition to request an order declaring the following to be the legal parent(s) of the child:

|  |  |
| --- | --- |
| Name: | Name: |
| Date of Birth: | Date of Birth: |
| Address1: | Address1:  |

 4. □ The □ Gestating Intended Parent □ Other Intended Parent has/have been a resident(s) of New York State for a period of at least six (6) months.

OR

 □ The child: □ was born in New York State within 90 days of the filing of this petition.

□ will be born in New York State within 90 days of the filing of this petition.

5. □ The intended parents both consented to assisted reproduction on the basis of the following record and/or evidence [See attached consent(s)]

6. At any time between the child’s conception and birth, the Gestating Intended Parent

□ was not married to a person who is not an intended parent

□ was married to the following, who is not an intended parent:

|  |
| --- |
| Name: |
| Date of Birth: |
| Address: |

□ The gestating intended parent and their spouse are living separate and apart pursuant to a decree or judgment of separation or pursuant to a written separation agreement.

[Attach the separation decree or judgment or separation agreement.]

□ The gestating intended parent and their spouse had been living separate and apart for at least three years prior to the child’s conception.

7. [Gamete or Embryo donation. Check applicable boxes]

□ [Known Donor] The child was conceived with a gamete or embryo from a known gamete or embryo donor(s).

□ A record from the donor, signed by both the donor and the gestating parents, indicating that the donor has no parental or proprietary interest in the gamete or embryo, is attached hereto;

 OR

□ The following constitutes clear and convincing evidence that that the donor has no parental or proprietary interest in the gamete or embryo [specify evidence]:

□ [Anonymous embryo or gamete donor or embryo or gamete released to storage facility or healthcare practitioner] The child was conceived with a gamete or embryo released to a storage facility or healthcare practitioner.

□ A statement or documentation from the storage facility or healthcare practitioner that the embryo or gamete was donated anonymously ~~or~~ and previously released to the facility or practitioner is attached hereto;

OR

 □ The following constitutes clear and convincing evidence that the donor intended the donation to be anonymous or previously released the embryo or gamete to a storage facility or healthcare practitioner [specify evidence]:

 8. [Check applicable box(es), if any; if not, SKIP to 7]:

 Petitioner #1 □ has □ has not acknowledged parentage on the Public Health Law form.

 Petitioner #2 □ has □ has not acknowledged parentage on the Public Health Law form.

□ No other person has acknowledged parentage on the Public Health Law form (except) [specify]:

9. Upon information and belief, no individual has been adjudicated as a parent of this child, either in this court, or any other court, including a Native-American court; and no individual has signed an Acknowledgment of Parentage admitting parentage for this child, (except) [specify]:

 10. Upon information and belief, the subject child □ is □ is not a Native American child who may be subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963).

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

WHEREFORE, □ I am □ we are requesting that this Court issue a judgment and declaration of parentage, an order that the embryo or gamete donor is not a legal parent and such other and further relief as may be appropriate under the circumstances.

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

 Petitioner #1

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

 Print or type name

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

 Signature of Attorney, if any

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

 Attorney's Name (Print or Type)

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

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

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

 Attorney's Address and Telephone Number

Dated: , .

VERIFICATION

STATE OF NEW YORK )

 ): ss.:

COUNTY OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being duly sworn, says that (s)he is the Petitioner in the above-entitled proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters herein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

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

 Petitioner

Sworn to before me this

 day of , .

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

 (Deputy) Clerk of the Court

 Notary Public

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

 Petitioner #2

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

 Print or type name

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

 Signature of Attorney, if any

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

 Attorney's Name (Print or Type)

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

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

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

 Attorney's Address and Telephone Number

Dated: , .

VERIFICATION

STATE OF NEW YORK )

 ): ss.:

COUNTY OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being duly sworn, says that (s)he is the Petitioner in the above-entitled proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters herein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

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

 Petitioner #2: NAME

Sworn to before me this

 day of , .

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

 (Deputy) Clerk of the Court

 Notary Public

1. Unless ordered confidential pursuant to Family Court Act § 154-b because disclosure would pose an unreasonable risk to the health or safety of the petitioner. *See* forms GF-21 and 21a, available at [www.nycourts.gov.](http://www.nycourts.gov.) [↑](#footnote-ref-1)