

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....

In the Matter of

Docket No.
AFFIDAVIT OF CHILD IN
SUPPORT OF MOTION FOR
ORDER FOR SIBLING
PLACEMENT OR CONTACT

CIN #:
A Child under Eighteen Years of
Age alleged to be Abused Neglected by

Respondent(s)

.....

STATE OF NEW YORK)
) SS.:
COUNTY OF NEW YORK)

I, [name]:

swears affirms the following to be true under the penalties of perjury:

1. I am a child alleged to be in need of protection in the above-entitled action.
 a sibling of the following child(ren), who is/are alleged to be in need of
protection in the above-entitled action.
I am making this affidavit in support of the motion for an Order to place me with or provide me
with contact with the following sibling(s):

2. a. I am living with [specify]:
 b. My sibling(s) is/are living with [specify]:

3. The agency has provided me with contact with my sibling(s) as follows [specify]:

 has not provided me with contact with my sibling(s).

4. [Check applicable box]:
 It would be in my best interests to be placed with my sibling(s) because [specify]:

It would be in my best interests to have contact with my sibling(s) because [specify]:

5. a. Upon information and belief, I [check applicable box]: am am not a Native-American child who may be subject to the *Indian Child Welfare Act* (25 U.S.C. §§ 1901-1963).

b. Upon information and belief, my sibling(s) [check applicable box]: is/are is/are not Native-American child(ren) who may be subject to the *Indian Child Welfare Act* (25 U.S.C. §§ 1901-1963).

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

WHEREFORE, I respectfully request that I be placed with permitted to have contact with my sibling(s) as follows [specify]:

Dated _____, _____.

Child-Affiant

Print or Type Name

Sworn to before me this _____ day of _____,

(Deputy) Clerk of the Court
Notary Public

Signature of Attorney, if any

Attorney's Name (print or type)

Attorney's Address and Telephone Number