F.C.A.§1091 Form PH-7b

(Affirmation in Support of Motion by Youth to Return to Foster Care)

 1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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In the Matter of Docket No.

AFFIRMATION IN SUPPORT OF MOTION BY YOUTH TO REENTER FOSTER CARE

CIN #

A Child under 21 Years

of Age Who Was Discharged From Foster Care

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 I, [name]: , affirm the following:

 1. I am under the age of 21 and I was born on [specify date of birth]: , I am making this affirmation in support of my motion for an order to reenter foster care.

 2. On [specify date]: , I was discharged from foster care. At that time, I was [check applicable box]:

 □ 18 years of age or older and did not consent to remain in foster care,

 □ [specify age]: \_\_ years of age,

and I went to live with [specify, including relationship, if any]:

 3. I have no reasonable alternative to foster care because [specify, including any relevant facts and circumstances]:

 4. [Check applicable box]:

 □ If returned to foster care, I consent to enroll in and attend an appropriate educational or vocational program. I would be interested in the following type of program [specify]:

and agree to cooperate with the department of social services and/or agency with which I am placed with referrals they may make to assist me in enrolling in such a program.

 OR

 □ If returned to foster care, it would be unnecessary or inappropriate for me to attend an educational or vocational program because [specify]:

 5. It would be in my best interests to return to foster care because [specify]:

 6. [Check applicable box(es)]:

 □ The □ department of social services □ NYC Administration for Children’s Services □ NYS Office of Children and Family Services □ authorized foster care agency has consented to my return to foster care;

 OR.

 □ The □ department of social services □ NYC Administration for Children’s Services □ NYS Office of Children and Family Services □ authorized foster care agency refused to consent to my return to foster care, but I believe this failure to consent was unreasonable because [specify]:

 OR

 □ I do not know whether the □ department of social services □ NYC Administration for Children’s Services □ NYS Office of Children and Family Services □ authorized foster care agency will consent to my return to foster care. NYS Office for Children and Family Services

 7. [Check applicable box]:

 □ The □ department of social services □ NYC Administration for Children’s Services □ NYS Office of Children and Family Services □ authorized foster care agency tried to assist me in finding an alternative to my returning to foster care as follows [specify]:

 OR

 □ The □ department of social services □ NYC Administration for Children’s Services □ NYS Office of Children and Family Services □ authorized foster care agency did not assist me in finding an alternative to my returning to foster care. [Note: If it would not have been possible for the agency to do so, specify reason]:

 8. [Check box if applicable]: □ I am requesting that this Court enter an order immediately returning me to foster care pending a decision on this motion because [specify reason(s)]:

 9. No previous application has been made to any court or judge for the relief herein requested [check box if applicable]: □ except [specify, including any prior motions to return to foster care]:

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 this Court grant my motion for return to foster care and for such other and further relief as it may deem proper.

Dated , .

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

 Signature of Youth

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

 Print or Type Name

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

 Signature of Attorney, if any

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

 Attorney’s Name (print or type)

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 Attorney’s Address and Telephone Number