D.R.L. § 115-c; S.C.P.A.§ 1725 Form 21-E Affirmation (Change of Circumstance since certification as qualified adoptive parent)

1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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

Guardianship of A Child Whose

First Name is AFFIDAVIT

(Change of circumstance

since certification as qualified

adoptive parent)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm the following:

,:

1. Deponent(s) (was)(were) certified as (a) qualified adoptive parent(s) by order of the Court, County of , dated ;

2.The following change(s) in circumstance relevant and material to such certification (has)(have) taken place since that date:

3. I affirm 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.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner

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

Print or type name

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Signature of Attorney, if any

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

Attorney’s Name (Print or Type)

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

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Attorney’s Address and Telephone Number