F.C.A.§§1027-a, 1081 Form GF-17b

(Affirmation of Child in Support of Motion for an Order for Sibling Placement or Contact)

(1/2024)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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

In the Matter of Docket No.

AFFIRMATION OF CHILD IN

SUPPORT OF MOTION FOR

ORDER FOR SIBLING

CIN #: PLACEMENT OR CONTACT

A Child under Eighteen Years of

Age alleged to be ❑Abused ❑Neglected by

Respondent(s)

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

I, [name]: affirm 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 affirmation 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]:

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.

Dated , .

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

Child-Affiant

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

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