F.C.A.§§1027-a, 1081 Form GF-17c

(Affirmation of Attorney for 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

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 In the Matter of Docket No.

 AFFIRMATION OF ATTORNEY

 FOR THE 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 □ the attorney for the following child(ren) [specify]: alleged to be in need of protection in the above-entitled action.

 □ the attorney for a sibling of the following child(ren) [specify]: , 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 my client with or provide contact with the following sibling(s):

 2. a. My client is/are living with [specify]:

 b. My client’s sibling(s) is/are living with [specify]:

 3. The agency □ has provided my client with contact with his/her sibling(s) as follows [specify]:

 □ has not provided my client with contact with his/her sibling(s).

 4. [Check applicable box]:

  It would be in my client’s best interests to be placed with his/her sibling(s) because [specify]: .

  It would be in my client’s best interests to have contact with his/her sibling(s) because [specify]:

 5. a. Upon information and belief, my client [check applicable box]:  is  is 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 client’s 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]:

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 my client be  placed with  permitted to have contact with his/her sibling(s) as follows [specify]:

Dated , .

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

 Attorney for the Child

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

 Print or Type Name

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 Attorney’s Address and Telephone Number