

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
PLACEMENT OR CONTACT

CIN #:
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

Attorney's Address and Telephone Number