[[1]](#endnote-2)DRL §§76-h (5), 254; Exec. L. §108; General Form 21

FCA §§ 154-b; 818; 1015 Address Confidentiality Affirmation

(1/2024)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Petitioner, Docket No.

ADDRESS CONFIDENTIALITY

-against- AFFIRMATION

Respondent

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

1. I, [specify name]: , am the ❑ Petitioner ❑ Respondent in the above-named proceeding.

2. I am requesting address confidentiality because [check applicable boxes] :

❑ Disclosure of my address or other identifying information would pose an unreasonable risk to my health or safety or my child(ren)’s health or safety.

❑ I am in a residential program for victims of domestic violence or a shelter provided for parents accompanying abused or neglected children, or a shelter for homeless persons.

❑ I have an address confidentiality order from [specify court or state agency and date]:

❑ I have been approved for participation in the Address Confidentiality Program of the NYS Department of State. My participation expires on [specify date]:

3. [REQUIRED except for participants in the NYS Department of State Address Confidentiality program]: I designate the following person as the agent for service of process and all papers in this case [specify, Clerk of Court, attorney or other person and address]:[[2]](#footnote-2)

4. I agree to inform the person named above as the agent for service of process or, if applicable, the NYS Department of State promptly of any change in my address.

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.

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

Signature

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

Print or type name

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

Signature of Attorney, if any

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

Attorney’s Name (Print or Type)

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

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

Attorney’s Address and Telephone Number

1. [↑](#endnote-ref-2)
2. Any person over the age of 18, who is not a party to the proceeding, or the Clerk of the Court 1 may be designated as the agent for service of process and papers. [↑](#footnote-ref-2)