

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

.....

Petitioner,

-against-

Docket No.
ADDRESS CONFIDENTIALITY
AFFIDAVIT

Respondent

.....
STATE OF NEW YORK)
)ss.:
COUNTY OF)

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]:¹

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.

Sworn to before me this _____, _____

Signature

Print or type name

Signature of Attorney, if any

Notary Public
(Deputy) Clerk of the Court

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

¹Any person over the age of 18, who is not a party to the proceeding, or the Clerk of the Court may be designated as the agent for service of process and papers.