

F.C.A. §§ 353.7; 756-b; 1055-c; 1089; 1091-a; 1097  
S.S.L. Sec. 393

Form GF-45a  
(Affidavit in Support of Motion for  
Approval of QRTP Placement)  
(9 /2021)

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....  
In the Matter of a Proceeding under  
Article of the Family Court Act

Docket No.  
FF#

AFFIDAVIT IN SUPPORT OF MOTION FOR  
APPROVAL OF PLACEMENT IN A  
QUALIFIED RESIDENTIAL TREATMENT  
PROGRAM (QRTP)

A Child Under 21 Years of Age Alleged to  
Require Placement

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

I, [specify name]: swear the following to be true under the  
penalties of perjury:

1. The Affiant is authorized to file this motion in that (s)he is an official of the

- Department of Social Services for [specify]: County
- New York City Administration for Children’s Services
- New York State Office of Children and Family Services,

having (his)(her) office and place of business at [specify]:

2. a. The above-named child is a  male  female  non-binary and was born on  
[specify]:

b. The names and addresses of the [check appropriate box]:  birth or  adoptive  
parent(s) or  legal guardian(s) of the child are as follows:

Name

Address<sup>1</sup>

<sup>1</sup> Specify address unless ordered to be kept confidential in accordance with Family Court Act §154-b(2).

3. (Upon information and belief,) the above-named child was removed from his/her home on [specify date]: \_\_\_\_\_ and was placed in  foster care  relative/kin care  suitable adult care  congregate care facility  other [specify]: \_\_\_\_\_ on [specify date]: \_\_\_\_\_

as a result of a proceeding under Article [specify]: \_\_\_\_\_ of the Family Court Act.

4. The status of the case is as follows [specify most recent court action, date of fact-finding, disposition and/or most recent permanency hearing, if any; if child was surrendered by or had parental rights terminated with respect to either parent, so indicate with date]: \_\_\_\_\_

5. The permanency plan for the child is [specify]: \_\_\_\_\_ .  
This plan  has  has not changed since the most recent dispositional or permanency hearing.

6. The needs of the child require a higher level of care than can be provided by a foster or therapeutic foster home because [specify]: \_\_\_\_\_

7. The child has been  placed  recommended for placement in [specify name]: \_\_\_\_\_ a qualified residential treatment program (QRTP).

8. The needs of the child have been assessed by a Qualified Individual as defined in Social Services Law, Section 409-h (5) and a copy of the Qualified Individual's report  has been submitted separately  is submitted herewith  will be submitted within five days of completion but not less than (10) days prior to the date of the first-scheduled hearing on this motion.

9. The following circumstances exist that necessitate the continued placement of the child in the QRTP [specify]: \_\_\_\_\_

10. There is no alternative setting available that can meet the child's needs in a less restrictive environment because [specify]:

11. a) [For SSL Section 358-a and FCA Article 10, 10-B and 10-C cases] Continued placement in the QRTP is in the child's best interests because [specify]:

b) [For FCA Article 3 cases] Continued placement serves the Respondent child's needs and best interests or the need for protection of the community because [specify]:

c) [For FCA Article 7 cases] It would be contrary to the welfare of the Respondent child to be placed in a less restrictive setting and that continued placement in a QRTP is in the Respondent child's best interests because [specify]:

12. The subject child  is  is not a Native-American child, who is subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check applicable box(es)]:

parent/custodian [specify name and give notification date]:

tribe/nation [specify name and give notification date]:

United States Secretary of the Interior [give notification date]:

13. No previous application has been made to any court or judge for the relief herein requested (except [specify]):

WHEREFORE, for the reasons stated above, affiant respectfully requests this Court to issue an order approving the above-named child’s placement in the specified Qualified Residential Treatment Program (QRTP) and for such other and further relief as the Court may deem just and proper.

Dated:

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Title and Agency: \_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this  
day of ,

\_\_\_\_\_  
(Deputy) Clerk of the Court  
Notary Public

\_\_\_\_\_  
Signature of Attorney,  
\_\_\_\_\_  
Attorney’s Name (Print or Type)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney’s Address, Telephone Number  
and Email Address