

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Application for
Approval of a Surrender Instrument Concerning

Docket No.
AFFIDAVIT OF AUTHORIZED
AGENCY EMPLOYEE WITNESS
TO EXECUTION OF EXTRA-
JUDICIAL SURRENDER
OF CHILD IN FOSTER CARE

CIN #
Pursuant to Section 383-c of the Social
Services Law
.....

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

I, [specify name of witness]: , having been duly sworn, deposes and states the following:

1. I am an employee of the following authorized agency [specify]: and have been trained to receive surrenders in accordance with regulations of the New York State Office of Children and Family Services.

2. On [specify date]: , I witnessed the execution and acknowledgment of the surrender of the above-named child by [specify]: at the following location [specify]:

3. The person executing the surrender instrument was provided with a copy of the surrender and the surrender was read in full in his or her principal language of [specify]: . The person executing the surrender instrument was given an opportunity to ask questions and obtain answers regarding the nature and consequences of the surrender, including the consequences of, and procedures to be followed in, cases of a substantial failure of a material condition, if any, contained in the surrender instrument. The person executing the surrender instrument was informed of the obligation to provide the authorized agency with a designated mailing address, as well as any subsequent changes in such address, at which the person executing the surrender may receive notices regarding any substantial failure of a material condition, unless this notification is expressly waived by a statement written by the person executing the surrender instrument and appended to or included in the surrender instrument.

4. [Applicable where employee-witness was also the employee responsible for arranging supportive

counseling]:

a. I am responsible for arranging supportive counseling for parents or guardians who execute extra-judicial surrenders of children in foster care.

b. On [specify date]: _____, I arranged for supportive counseling for [specify person executing surrender]: _____ to be provided by [specify]: _____ as follows [specify]: _____

c. On [specify date]: _____, [specify person executing surrender]: _____
 accepted did not accept the offer of supportive counseling.

d. [Check applicable box or delete inapplicable provision]: Upon information and belief,
 Supportive counseling was provided to the person executing the surrender as follows [specify date, provider and nature of supportive counseling]: _____

Supportive counseling was not provided to the person executing the surrender.

Signature of Witness to Execution of Extra-judicial Surrender

Sworn to before me this _____ day of _____,

Notary Public
(Deputy) Clerk of Court