

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.
AFFIRMATION OF AUTHORIZED AGENCY
EMPLOYEE RESPONSIBLE FOR
ARRANGING SUPPORTIVE COUNSELING
– EXTRA-JUDICIAL SURRENDER OF
CHILD IN FOSTER CARE

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

I, [specify name of witness]: _____, affirm the following:

1. I am an employee of the following authorized agency [specify]:
and am responsible for arranging supportive counseling for parents or guardians who execute extra-
judicial surrenders of children in foster care.

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

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

4. [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.

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 of Authorized Agency Employee

¹ If the employee-witness to the surrender was the employee who arranged for supportive counseling, Form SURR-4
may be utilized.