				For O	For Office Use Only (Filing Fee Paid \$) (Receipt No:No:)				
				(Rece	eipt No:	/ No:)			
COUN	TY OF	OF THE STATE OF N							
		age Proceeding Concer	• •		NTAGE PETI STED REPRO				
				File No	0				
A Child		esult of Assisted Reprod							
TO TH		COURT, COUNTY OF							
lt	is respectfully alle	eged:							
1. Th	ne name, relationship, domicile, and telephone number of the petitioner(s) are as follows:								
a.	parentage □ so act for an indiv	Name: □ child □ parent □ participant □ person with a claim to parentage □ social services official or other governmental agency □ representative authorized by law to act for an individual who would otherwise be entitled to maintain a proceeding but who is deceased, incapacitated or a minor □ other individual with claim to parentage [specify]							
	Domicile:	(Street Address)	(City/To	(City/Town/Village)					
	·	·		(City/Tt					
	(County	y) (State)	(Zip)		(Telephone I	Number)			
	Mailing address	:(If different fron	domicile)						
h	Nama	□ gestating intended parent □ non-gestating intended pare							
b.				pareni	⊔ non-gestat	ing intended parent			
	Domicile:	(Street Address)		(City/To	own/Village)				
	(County		(Zip)		(Telephone I	Number)			
	Mailing address	,	(1 /		` '	,			
	walling address	(If different fron	n domicile)						
2. la	ım/We are submitt	ting this petition to reque	est an order declaring the	e followin	ıg				
	Name:				(Data of Pirth				
	Address:				(Date of Birth				
		(Street Address)			(City/Town/V	'illage)			
		(County)	(State)		(Zip)				
	Name:				(Date of Birth	<u>,,,</u>			
	Address:								
		(Street Address)			(City/Town/V	'illage)			
		(County)	(State)		(Zip)				

1

CPSA-3 (2/2021)

to be the legal parent(s) of the child.

3.		Check applicable boxes]								
	a.		☐ The gestating intended parent became pregnant as a result of assisted reproduction and gave birth to the following child:							
					on-binary/othe	r				
		Name:								
		Addres	ss:					(Da	ate of Birth)	
				(Street A	Address)			(Cit	ty/Town/Village)	
		\//b a		(County))	(State	e)	(Zip	p)	
		work w	as bom	ın	(County)	(State	(State))		
	b.	□ The	e gestati	ng intende	ed parent beca	me pregnant as	a result	of assisted re	production and is now	
		pregna	nt with	a child wh	o is expected to	o be born on or	about	(specify dat	in te) (County) (State)	•
4										
4.	⊔ /		ided par	ent nas be	een a resident	(s) of New York	State for	r a period of a	t least six months	
		OR								
		The ch	ild			rk State within 9 York State withi				
								s or the filling t	or this petition.	
5.	The	e intend	ed pare	nt(s) both	consented to a	ssisted reprodu	iction.			
6.		Check applicable boxes for court to consider proof of a donor's donative intent pursuant to Section 581-202 of the Family Court Act:								
	[Known donor] The child was conceived with a gamete or embryo from a known gamete or embryo								bryo	
		donor(_ A						ning that the donor has n	
						in the gametes ed parent and is			ord is signed by both the)
		OR ☐ The following constitutes evidence for the court to consider that the donor has no pa								ıl or
						etes or embryos				
	☐ [Anonymous donor or where gametes or embryos have previously been released to a goor embryo storage facility or in the presence of a healthcare practitioner]. The child was concerning									
with a gamete or embryo released to a storage facility or healthcare practitioner. A statement or documentation from the storage facility or healthcare practitioner the								ner.		
			or gan	nete was c					acility or practitioner is	
		attache OR	ed heret	0.						
	☐ The following constitutes evidence for the court to consider that the donor intended the donation to be anonymous or previously released the embryo or gamete to a storage facility or hea									cara
				ecify evid			-	•	•	
7.	[Ch	neck app	olicable	boxes]						
					□ have not □ have not				blic Health Law form. blic Health Law form.	
		□ No	other p	erson has	acknowledged	d parentage on	the Publi	c Health Law	form.	
8.								a parent of th	is child, either in this cou	rt, or
	any	y otner c	ourt, inc	auding a f	native-America	n court, except		(sp	ecify)	
9.	Up	on infori	mation a	and belief,	the subject chi	ld □ is □ is not	t a Native	American ch	ild who may be subject	
						U.S.C. §§ 1901				

2

CPSA-3 (2/2021)

WHEREFORE, I am requesting that order that the embryo or gamete do appropriate under the circumstance.	nor is not a legal p		ent/decree and declaration of parentage, an nother and further relief as may be
Dated:			(Cignoture of Detitioner)
			(Signature of Petitioner)
			(Print Name)
			(Signature of Petitioner)
			(Print Name)
	VER	RIFICATION	
STATE OF)		
COUNTY OF) ss.:)		
		etition and the	ng duly sworn deposes and says that I am the same is true of my own knowledge except as and as to those matters, I believe them to be
Sworn to before me this			
day of	20		(Signature of Petitioner)
Notary Public Commission Expires: (Affix Notary Stamp or Seal)			(Print Name)
Signature of Attorney:			
			Tel.No.:
Address of Attorney:			(e-mail address)

10. No prior application has been made to any Court for the relief requested herein.