

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

.....  
In the Matter of the Adoption of  
A Child Whose First Name is

(Docket)(File) No. \_\_\_\_\_

PETITION FOR  
ADOPTION  
(Agency)

.....  
The Petitioner(s) respectfully allege(s) to this Court that [Delete inapplicable provisions]:

1. Petitioning adoptive parent [specify name]: \_\_\_\_\_

a. resides at [specify address, including county]:  
\_\_\_\_\_

b. is of full age, having been born on [specify date of birth]: \_\_\_\_\_

c. is unmarried

married to [specify name]: \_\_\_\_\_ and living together;

married to [specify name]: \_\_\_\_\_ and living separate and apart  
pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the  
parties thereto and acknowledged or proved in the form required to entitle a deed to be recorded;

married to [specify name]: \_\_\_\_\_ and living separate and  
apart for at least three years prior to commencement of the proceeding);

d. is of the following religious faith, if any [specify]: \_\_\_\_\_

e. is engaged in the following occupation [specify]: \_\_\_\_\_ and earns  
\$ \_\_\_\_\_ in approximate annual income [delete if inapplicable]: of which \$ \_\_\_\_\_ is  
support and maintenance to be received from the Commissioner of Social Services on behalf of the  
adoptive child.

2. Petitioning adoptive parent [specify name]: \_\_\_\_\_

a. resides at [specify address, including county]:  
\_\_\_\_\_

b. is of full age, having been born on [specify date of birth]: \_\_\_\_\_

c. is unmarried

married to [specify name]: \_\_\_\_\_ and living together;

married to [specify name]: \_\_\_\_\_ and living separate and apart  
pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the  
parties thereto and acknowledged or proved in the form required to entitle a deed to be recorded;

married to [specify name]: \_\_\_\_\_ and living separate and apart for at least three years prior to commencement of the proceeding);

d. is of the following religious faith [specify]: \_\_\_\_\_

e. is engaged in the following occupation [specify]: \_\_\_\_\_ and earns \$ \_\_\_\_\_ in approximate annual income [delete if inapplicable]; of which \$ \_\_\_\_\_ is support and maintenance to be received from the Commissioner of Social Services on behalf of the adoptive child.

3. Upon information and belief, the adoptive child, whose first name is [specify]: \_\_\_\_\_ was born on \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ and the religious faith of such child is [specify]: \_\_\_\_\_.

4. Upon information and belief, there will be annexed to this petition a schedule verified by a duly constituted official of [specify agency]: \_\_\_\_\_, an authorized agency, as required by section 112(3) of the Domestic Relations Law, concerning the adoptive child who is the subject of this proceeding.

5. The following is information, as nearly as can be ascertained, concerning the birth or legal parents of the adoptive child:

(a) Age and date of birth

Parent [specify name]: \_\_\_\_\_  
Parent [specify name]: \_\_\_\_\_

(b) Heritage (specify nationality, ethnic background, race)

Parent [specify name]: \_\_\_\_\_  
Parent [specify name]: \_\_\_\_\_

(c) Religious faith, if any

Parent [specify name]: \_\_\_\_\_  
Parent [specify name]: \_\_\_\_\_

(d) Education [specify number of years of school or degrees completed at time of birth of adoptive child]: \_\_\_\_\_

Parent [specify name]: \_\_\_\_\_  
Parent [specify name]: \_\_\_\_\_

(e) General physical appearance at time of birth of adoptive child [specify height, weight, color of hair, eyes, skin]:

Parent [type name]:  
Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Skin Color: \_\_\_\_\_

Parent [type name]:  
Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Skin Color: \_\_\_\_\_

(f) Annex Form 1-D which provides health and medical history of birth parents at time of birth of adoptive child, including conditions or diseases believed to be hereditary and any drugs or medication taken during pregnancy by child's mother.

(g) Specify any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interests of parents: [attach separate sheet if necessary]

6. 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]: \_\_\_\_\_

7. The manner in which the adoptive parent(s) obtained the adoptive child is as follows:

[Delete if inapplicable]: 8. The placement is subject to the provisions of section(s) 374-a 382 of the Social Services Law and the provisions of such sections have been complied with. The original approval signed by the Administrator of the Interstate Compact on the placement of Children is attached hereto.

9. The adoptive child resided with the adoptive parent(s) from [specify date]: \_\_\_\_\_

10. Other persons living in the household are [specify names and dates of birth]: \_\_\_\_\_

11. The name by which the adoptive child is to be known is: \_\_\_\_\_

12. Upon information and belief, the adoptive child has has not been previously adopted.

13. To the best of Petitioner(s)' information and belief, there are no persons other than those mentioned herein or in the verified schedule annexed hereto who are entitled, pursuant to Sections 111(3) and 111-a of the Domestic Relations Law, to notice of this proceeding (except):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last known address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last known address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last known address: \_\_\_\_\_

14 (a). The adoptive parent(s) (has)(have) (has)(have) no knowledge that the child or an adoptive parent is the subject of an indicated report, or is another person named in an indicated report of child abuse or maltreatment, as such terms are defined in section 412 of the Social Services Law, or has been the subject of or the respondent in a child protective proceeding which resulted in an order finding that the child is an abused or neglected child.

(b)[Check applicable box(es)]: Upon information and belief, Neither the adoptive parent(s) nor any other adult over the age of 18 residing in the household have a criminal record.

The following adoptive parent(s)[specify]:\_\_\_\_\_ have been convicted of the following offenses [specify, including dates] of conviction]:\_\_\_\_\_ However, denial of Petitioner’s petition will create an unreasonable risk of harm to the physical or mental health of the child and granting the petition will not place the child’s safety in jeopardy and will be in the best interests of the child, pursuant to Social Services Law §378-a(2)(e)(1), for the following reason(s) [specify]:

The following adult over the age of 18 living in the home [specify]:\_\_\_\_\_ has the following record of criminal conviction(s) [specify, including date(s)]:\_\_\_\_\_

15. There are no prior or pending proceedings affecting the custody or status of the adoptive child, including any proceeding[s] dismissed or withdrawn, (except)[specify type of proceeding, court, disposition, if any, and date of disposition, if any]:\_\_\_\_\_

[If there is a post-adoption contact agreement, attach it and answer Question 16]:

16 On [specify date]:\_\_\_\_\_, at the time of the approval of the surrender of the child, the Family Court, [specify]:\_\_\_\_\_ County, approved the annexed post-adoption contact agreement as being in the child’s best interests. The agreement was consented to in writing by the following [specify]:  
Adoptive parent(s)[specify]:\_\_\_\_\_  
Birth parent(s) [specify]:\_\_\_\_\_  
Adoptive child’s law guardian [specify]:\_\_\_\_\_  
Sibling(s) or half-sibling(s) over the age of 14, if contact is with siblings or half-siblings [specify]:\_\_\_\_\_

17. This petition has has not been filed in the Court that exercised jurisdiction over the most recent permanency or other proceeding involving this child. [If it has not, petitioner must file affirmation, Adoption Form 1-E].

18. [Insert any additional allegations.]

WHEREFORE, the Petitioner(s) requests an order:\_\_\_\_\_ approving the adoption of the adoptive child [specify first name]:\_\_\_\_\_ by the Petitioner(s), and [delete if inapplicable]: incorporating the post-adoption contact agreement, and directing that the adoptive child shall be treated in all respects as the child of the Petitioner(s), and directing that the name of the adoptive child be changed and that (s)he shall henceforth be known by the name of [specify]: \_\_\_\_\_, together with such other and further relief as may be just and proper.

Dated: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Adoptive Parent: typed or printed name/ signature

\_\_\_\_\_  
Adoptive Parent: typed or printed name / signature

\_\_\_\_\_  
Adoptive child if over 18: typed or printed name/ signature<sup>1</sup>

\_\_\_\_\_  
Attorney if any: typed or printed name/signature

\_\_\_\_\_  
Attorney’s Address and Telephone number

<sup>1</sup> If the child is over the age of 14, written consent to the adoption must also be attached.

VERIFICATION

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

being duly sworn, says that (he)(she) (they)(is)(are) the Petitioner(s) in the above-named proceeding and that the foregoing petition is true to (his)(her)(their) own knowledge, except as to matters where in stated to be alleged on information and belief and as to those matters (he)(she) (they) believe(s) it to be true.

\_\_\_\_\_/\_\_\_\_\_  
Adoptive Parent: typed or printed name/ signature

\_\_\_\_\_/\_\_\_\_\_  
Adoptive Parent: typed or printed name/ signature

\_\_\_\_\_/\_\_\_\_\_  
Adoptive child if over 18: typed or printed name/ signature

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.  
.

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

Resworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.  
.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Court