

SURROGATE’S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

.....
In the Matter of a Post-adoption
Contact Agreement Concerning

Docket No. _____
PETITION FOR ENFORCEMENT
OF POST-ADOPTION CONTACT
AGREEMENT (After Adoption
Finalization)

Child’s Name: _____
Date of Birth: _____

Pursuant to Section 112-b of the
Domestic Relations Law

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**NOTICE: WILLFUL FAILURE TO OBEY THE TERMS AND CONDITIONS OF AN
ORDER OF THE FAMILY COURT MAY RESULT IN COMMITMENT TO JAIL
FOR A TERM NOT TO EXCEED SIX MONTHS.**

TO THE FAMILY COURT OF THE COUNTY OF [specify]: _____:

The undersigned Petitioner respectfully alleges upon information and belief that:

- 1. Petitioner, [specify]: _____, is [check applicable box]:
 an authorized agency having its office and place of business at [specify]: _____
in the County of [specify]: _____, State of New York;
 a party to a post-adoption contact agreement regarding the above-named child;
 the law guardian of the above-named child.

2. On [specify date]: _____, in conjunction with the surrender of the child, the Family Court,
County, approved a Post-adoption Contact Agreement regarding the above-named child as being in the
child’s best interests. This Post-adoption Contact Agreement was incorporated into the Order of Adoption
by the [specify Court and County]: Family Surrogate’s Court, _____ County,
on [specify date]: _____. True copies of the Order of Incorporation and the Post-
adoption Contact Agreement are attached to this petition.

3. The following Respondent [specify]: _____ has violated the Post-adoption Contact
Agreement as follows [specify facts and circumstances, including dates]: _____

4. Enforcement of the terms and conditions of the Post-adoption Contact Agreement is in the best interests
of the child because [specify]: _____

5. No previous application has been made for enforcement of the Post-adoption Contact Agreement to any court or judge, except [specify; delete if inapplicable]: _____

WHEREFORE, Petitioner requests that this Court enter an order enforcing the Post-adoption Contact Agreement.

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone #

VERIFICATION

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

_____, being duly sworn, deposes and says:

That (s)he is _____ and is acquainted with the facts and circumstances of the above-entitled proceeding; that (s)he has read the foregoing petition and knows the contents thereof; that the same is true to (his)(her) own knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those matters (s)he believes it to be true.

Petitioner

Sworn to before me this _____
day of _____, _____.

(Deputy) Clerk of the Court
Notary Public