NEW YORK STATE
UNIFIED COURT SYSTEM

UNIFORM
UNCONTESTED DIVORCE PACKET
FORMS

REVISED 3/1/20

THE PAPERS NEEDED TO OBTAIN AN UNCONTESTED DIVORCE IN NEW YORK STATE:

Notice of Automatic Orders
Notice of Guideline Maintenance for actions commenced on or after 1/25/16
Notice Concerning Continuation of Health Care Coverage
1) Summons With Notice (Form UD-1) OR 1a) Summons (to be served with Verified Complaint) (Form UD-1a)
2) Verified Complaint (Form UD-2)
3) Affidavit of Service (Form UD-3)
4) Sworn Statement of Removal of Barriers to Remarriage (Form UD-4) and Affidavit of Service (Form UD-4a)
5) Affirmation (Affidavit) of Regularity (Form UD-5)
6) Affidavit of Plaintiff (Form UD-6)
7) Affidavit of Defendant (Form UD-7)
8(1)Annual Income Worksheet (Form UD-8(1)
8(2) Maintenance Guidelines Worksheet (Form UD-8(2)for divorces commenced on or after 1/25/16
8(3)) Child Support Worksheet (Form UD-8-(3))
8a) Support Collection Unit Information Sheet (Form UD-8a)
8b) Qualified Medical Child Support Order ("QMCSO") (Form UD-8b)
9) Note of Issue (Form UD-9)
10) Findings of Fact/Conclusions of Law (Form UD-10)
11) Judgment of Divorce (Form UD-11)
12) Part 130 Certification (Form UD-12)
13) Request for Judicial Intervention("RJI") (Form UD-13) and Addendum (Form 840M)
14) Notice of Entry (Form UD-14)
15) Affidavit of Service of Judgment of Divorce
Certificate of Dissolution of Marriage
Self-Addressed and Stamped Postcard
UCS-111 (UCS Divorce and Child Support Summary Form)

SUPPLEMENTAL APPENDIX OF FORMS

A. Income Withholding Order and Applying for Child Support Services
A-1 Application for Child Support Services Form LDSS-5143*
OR Short Form Application for Child Support Services
A-2 Income Withholding Order form for Child Support and Combined Child and Spousal Support - LDSS-5037 (Non-IV-D IWO)
A-2A Income Withholding Order Form for Spousal Support only - LDSS-5038 (Spousal Support Only IWO)

(Important Note: LDSS-5037 and LDSS-5038 are the actual Forms)

A-2B Income Withholding for Support**:** General Information and Instructions for Issuing - LDSS-5039*

(Important Note: Do not complete this form. Use it as a guide when filling out the actual Forms.)

B. New York State Case Registry Filing Form with Instructions attached
C. Notice of Settlement
D. Poor Person Order
E. Affidavit in Support of Application to Proceed as a Poor Person
F. Affidavit of Service of Proposed Poor Person's Order
G. DRL 255 Addendum

***available at http://www.nycourts.gov/divorce/divorce_withchildrenunder21.shtml**

NOTE: EXCEPT WHERE NOTED WITH AN ASTERISK, FORMS ON THIS PAGE ARE AVAILABLE IN THE UNCONTESTED DIVORCE PACKETS AND ONLINE AT at http://www.nycourts.gov/divorce/divorce_withchildrenunder21.shtml

NOTICE OF ENTRY OF AUTOMATIC ORDERS (D.R.L. 236) Rev. 1/13
FAILURE TO COMPLY WITH THESE ORDERS MAY BE DEEMED
A CONTEMPT OF COURT

PURSUANT TO the Uniform Rules of the Trial Courts, and DOMESTIC RELATIONS LAW § 236, Part B, Section 2, both you and your spouse (the parties) are bound by the following **AUTOMATIC ORDERS**, which have been entered against you and your spouse in your divorce action pursuant to 22 NYCRR §202.16(a), and which shall remain in full force and effect during the pendency of the action unless terminated, modified or amended by further order of the court or upon written agreement between the parties:

(1) ORDERED: Neither party shall transfer, encumber, assign, remove, withdraw or in any way dispose of, without the consent of the other party in writing, or by order of the court, any property (including, but not limited to, real estate, personal property, cash accounts, stocks, mutual funds, bank accounts, cars and boats) individually or jointly held by the parties, except in the usual course of business, for customary and usual household expenses or for reasonable attorney's fees in connection with this action.

(2) ORDERED: Neither party shall transfer, encumber, assign, remove, withdraw or in any way dispose of any tax deferred funds, stocks or other assets held in any individual retirement accounts, 401K accounts, profit sharing plans, Keogh accounts, or any other pension or retirement account, and the parties shall further refrain from applying for or requesting the payment of retirement benefits or annuity payments of any kind, without the consent of the other party in writing, or upon further order of the court ; except that any party who is already in pay status may continue to receive such payments thereunder.

(3) ORDERED: Neither party shall incur unreasonable debts hereafter, including, but not limited to further borrowing against any credit line secured by the family residence, further encumbrancing any assets, or unreasonably using credit cards or cash advances against credit cards, except in the usual course of business or for customary or usual household expenses, or for reasonable attorney's fees in connection with this action.

(4) ORDERED: Neither party shall cause the other party or the children of the marriage to be removed from any existing medical, hospital and dental insurance coverage, and each, and each party shall maintain the existing medical, hospital and dental insurance coverage in full force and effect.

(5) ORDERED: Neither party shall change the beneficiaries of any existing life insurance policies and each party shall maintain the existing life insurance, automobile insurance, homeowners and renters insurance policies in full force and effect.

IMPORTANT NOTE: After service of the Summons with Notice or Summons and Complaint for divorce, if you or your spouse wishes to modify or dissolve the automatic orders, you must ask the court for approval to do so, or enter into a written modification agreement with your spouse duly signed and acknowledged before a notary public.

Notice of Guideline Maintenance

If your divorce was commenced on or after January 25, 2016, this Notice is required to be given to you by the Supreme Court of the county where your divorce was filed to comply with the Maintenance Guidelines Law ([S. 5678/A. 7645], Chapter 269, Laws of 2015) because you may not have counsel in this action to advise you**. It does not mean that your spouse (the person you are married to) is seeking or offering an award of "Maintenance" in this action. "Maintenance" means the amount to be paid to the other spouse for support after the divorce is final.**

You are hereby given notice that under the Maintenance Guidelines Law (Chapter 269, Laws of 2015), there is an obligation to award the guideline amount of maintenance on income up to $192,000 to be paid by the party with the higher income (the maintenance payor) to the party with the lower income (the maintenance payee) according to a formula, unless the parties agree otherwise or waive this right. Depending on the incomes of the parties, the obligation might fall on either the Plaintiff or Defendant in the action.

There are two formulas to determine the amount of the obligation. If you and your spouse have no children, the higher formula will apply. If there are children of the marriage, the lower formula will apply, but only if the maintenance payor is paying child support to the other spouse who has the children as the custodial parent. Otherwise the higher formula will apply.

Lower Formula

1-Multiply Maintenance Payor's Income by 20% .
2- Multiply Maintenance Payee's Income by 25% .
Subtract Line 2 from Line 1: = **Result 1**
Subtract Maintenance Payee's Income from 40 % of Combined Income* = **Result 2**.
Enter the lower of **Result 2** or **Result 1,** but if less than or equal to zero, enter zero.
THIS IS THE CALCULATED GUIDELINE AMOUNT OF MAINTENANCE WITH THE LOWER FORMULA

Higher Formula

1-Multiply Maintenance Payor's Income by 30%
2- Multiply Maintenance Payee's Income by 20%
Subtract Line 2 from Line 1= **Result 1**
Subtract Maintenance Payee's Income from 40 % of Combined Income*= **Result 2**
Enter the lower of **Result 2** or **Result 1,** but if less than or equal to zero, enter zero
THIS IS THE CALCULATED GUIDELINE AMOUNT OF MAINTENANCE WITH THE HIGHER FORMULA

***Combined Income equals Maintenance Payor's Income up to $192,000 plus Maintenance Payee's Income**

Note: The Court will determine how long maintenance will be paid in accordance with the statute.

(Rev. 3/1/20)

NOTICE CONCERNING CONTINUATION OF HEALTH CARE COVERAGE

(Required by section 255(1) of the Domestic Relations Law)

PLEASE TAKE NOTICE that once a judgment of divorce is signed in this action, both you and your spouse may or may not continue to be eligible for coverage under each other's health insurance plan, depending on the terms of the plan.

1 **SUPREME COURT OF THE STATE OF NEW YORK**
2 3 **COUNTY OF _____**
4 ----------X
5

6

Plaintiff,

-against-

7
8

Defendant.

----------X

Index No.:_____
Date Summons filed:_____
Plaintiff designates _____
County as the place of trial
The basis of venue is:
_____

SUMMONS WITH NOTICE
Plaintiff/Defendant resides at:
_____
_____
_____

ACTION FOR A DIVORCE

To the above named Defendant:

9 **YOU ARE HEREBY SUMMONED** to serve a notice of appearance on the ❑ *Plaintiff* **OR** ❑ *Plaintiff's Attorney(s)* within twenty (20) days after the service of this summons, exclusive of the day of service (or within thirty (30) days after the service is complete if this summons is not personally delivered to you within the State of New York); and in case of your failure to appear, judgment will be taken against you by default for the relief demanded in the notice set forth below.

10, 11 Dated _____

❑ *Plaintiff*
❑ *Attorney(s) for Plaintiff*
12 Phone No.:
Address:

13 **NOTICE:** The nature of this action is to dissolve the marriage between the parties, on the grounds: **DRL §170 subd.____ - _____
_____

The relief sought is a judgment of absolute divorce in favor of the Plaintiff dissolving the marriage between the parties in this action.

14 The nature of any ancillary or additional relief requested (see p.14 of Instructions) is: _____

❑ Additional page describing ancillary relief requested is attached;
❑ Marital property to be distributed pursuant to separation agreement/stipulation;
❑ I waive distribution of Marital property;
For divorces commenced on or after 1/25/16 only:❑ *I am not seeking maintenance as payee as described in the Notice of Guideline Maintenance (the "Notice") other than what was already agreed to in a written agreement/stipulation* ; OR ❑ *I seek maintenance as payee, as described in the Notice*
❑ **NONE** - I am not requesting any ancillary relief;
AND any other relief the court deems fit and proper

**Read pp. 3-5 of Instructions and insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison
DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

1 **SUPREME COURT OF THE STATE OF NEW YORK**
2 3 **COUNTY OF _____**
4 ----------X
5

6

Plaintiff,

-against-

7
8

Defendant.

----------X

Index No.:_____
Date Summons filed:_____
Plaintiff designates _____
County as the place of trial
The basis of venue is:

_____

SUMMONS

Plaintiff/Defendant resides at:

_____
_____
_____

ACTION FOR A DIVORCE

To the above named Defendant:

9 **YOU ARE HEREBY SUMMONED** to answer the complaint in this action and to serve a copy of your answer on the ❑ *Plaintiff* **OR** ❑ *Plaintiff's Attorney(s)* within twenty (20) days after the service of this summons, exclusive of the day of service, where service is made by delivery upon you personally within the state, or within thirty (30) days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

10, 11 Dated _____

❑ *Plaintiff*
❑ *Attorney(s) for Plaintiff*
12 Address:

Phone No.:

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF _____**
----------X
2 3 Index No.:

Plaintiff,

-against- **VERIFIED COMPLAINT**

ACTION FOR DIVORCE

4

Defendant.
----------X

5 **FIRST:**

Plaintiff *herein / by* _____, complaining of the Defendant, alleges that the parties are over the age of 18 years and;

6 **SECOND:**

A) ❑ The ❑ *Plaintiff* ❑ *Defendant* has resided in New York State for a continuous period of at least two years immediately preceding the commencement of this divorce action.

==========**OR**==========

B) ❑ The ❑ *Plaintiff* ❑ *Defendant* resided in New York State on the date of commencement of this divorce action and for a continuous period of one year immediately preceding the commencement of this divorce action

AND:

a. ❑ the parties were married in New York State.

or

b. ❑ the parties have resided as married people in New York State.

==========**OR**==========

C) ❑ The cause of action occurred in New York State and ❑ *Plaintiff* ❑ *Defendant* resided in New York State for a continuous period of at least one year immediately preceding the commencement of this divorce action.

==========**OR**==========

D) ❑ The cause of action occurred in New York State and both parties were residents at the time of commencement of this divorce action.

7 **THIRD:** The Plaintiff and the Defendant were married on _____ in (city, town or village; and state or country) _____.

8 The marriage was *not* performed by a clergyman, minister or by a leader of the Society for Ethical Culture.

(If the word "not" is deleted above check the appropriate box below).

❑ *To the best of my knowledge I have taken all steps solely within my power to remove any barrier to the Defendant's remarriage.* **OR**

❑ *I will take prior to the entry of final judgment all steps solely within my power to the best of my knowledge to remove any barrier to the Defendant's remarriage.* **OR**

❑ *The Defendant has waived in writing the requirements of DRL §253 (Barriers to Remarriage).*

9 **FOURTH:** ❑ There are no children of the marriage (see definition on p.7 of Instructions)

OR

❑ There *is (are)* _____ child(ren) of the marriage (see definitions on p.7 of Instructions), namely:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10 The Plaintiff resides at _____.
The Defendant resides at _____.

11 The parties are covered by the following group health plans:

Plaintiff	**Defendant**
Group Health Plan:_____	Group Health Plan:_____
Address:_____	Address:_____
Identification Number:_____	Identification Number:_____
Plan Administrator:_____	Plan Administrator:_____
Type of Coverage:_____	Type of Coverage:_____

12 **FIFTH:** The grounds for divorce that are alleged as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

❑ At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior.)

_____
_____
_____
_____
_____

(Attach an additional sheet, if necessary).

Abandonment (DRL 170(2)):

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____.

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____. This deprivation of access was without the consent of the Plaintiff and continued for a period of greater than one year.

Imprisonment (DRL §170(3)):

❑ That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in
_____ prison on the
Name of correctional facility
_____day of _____,____, and remained confined until the
Month *Year*
_____day of_____,____; **OR** ❑ remains confined to this date.
Month *Year*

Adultery (DRL §170(4)):

❑ That on the___ day of_____,____, at _____
Month *Year* *Location*
the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separation(DRL §170(5)):

❑ (a) That the _____ Court, _____ County, _____ (Country or State) rendered a decree or judgment of separation on _____, under Index Number _____; and
(b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and
(c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

❑ (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and

(b) that the *agreement / memorandum of said agreement* was filed on _____ in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and

(c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and

(d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

❑ That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months.

13 **SIXTH:** There is no judgment of divorce and no other matrimonial action between the parties pending in this court or in any other court of competent jurisdiction.

WHEREFORE, Plaintiff demands judgment against the Defendant as follows:
A judgment dissolving the marriage between the parties

AND

14 The nature of any ancillary or additional relief requested (see p.16 of Instructions) is:

_____

_____

❏ Additional page describing ancillary relief requested is attached;
❏ Marital property to be distributed pursuant to separation agreement/stipulation;
❏ I waive distribution of Marital property;
For divorces commenced on or after 1/25/16 only:❏ *I am not seeking maintenance as payee as described in the Notice of Guideline Maintenance (the "Notice") other than what was already agreed to in a written agreement/stipulation* ; OR ❏ *I seek maintenance as payee, as described in the Notice.*
❏ **NONE** - I am not requesting any ancillary relief;
AND any other relief the court deems fit and proper

15 Dated:_____

16 ❏ *Plaintiff*
❏ *Attorney(s) for Plaintiff*
Address:

17 STATE OF NEW YORK, COUNTY OF _____ ss:

I _____ (Print Name), am the Plaintiff in the within action for a divorce. I have read the foregoing complaint and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.

Subscribed and Sworn to
before me on
_____

_____
Plaintiff's Signature

_____
NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Plaintiff, Index No.:

-against-

AFFIDAVIT OF SERVICE

Defendant.
----------X

STATE OF _____ }
ss:
COUNTY OF _____ }

_____ being duly sworn, says:

1. I am not a party to the action, am over 18 years of age and reside at:
_____

2. On_____, at ____a.m./p.m. at _____
_____ I served the ❑ *summons with notice* **OR** ❑ *summons and verified complaint,* and the notice of automatic orders, and, if the divorce was commenced on or after January 25, 2016, the notice of guideline maintenance
on _____, the Defendant named by delivering a true copy to the Defendant personally.
❑ In addition I served a copy of the Child Support Standards Chart.
❑ In addition I served a copy of the Notice of Continuation of Health Care Coverage

3. The notice required by the Domestic Relations Law, Section 232 -- "ACTION FOR A DIVORCE" -- was legibly printed on the face of the summons served on the Defendant.

4. I knew the person so served to be the person described in the summons as the Defendant. My knowledge of the Defendant and how I acquired it is as follows: (select one)

❑ I have known the defendant for _____ years and_____
_____
_____

OR

❑ I identified the Defendant by a photograph annexed to this affidavit and which was given to me by the Plaintiff.

OR

❑ Plaintiff accompanied me and pointed out the Defendant.

OR

❑ I asked the person served if he/she was the person named in the summons and Defendant admitted being the person so named.

5. Deponent describes the individual served as follows:

Sex	Height	Weight	Age	Color of Skin	Color of Hair
❑ Male	❑ Under 5'	❑ Under 100 Lbs.	❑ 14-17 Yrs.	Describe color:	❑ Black
❑ Female	❑ 5'0"-5'3"	❑ 100-130 Lbs.	❑ 18-20 Yrs.	_____	❑ Brown
	❑ 5'4"-5'8"	❑ 131-160 Lbs.	❑ 21-35 Yrs.	_____	❑ Blond
	❑ 5'9"-6'0"	❑ 161-200 Lbs.	❑ 36-50 Yrs.	_____	❑ Gray
	❑ Over 6'	❑ Over 200 Lbs.	❑ 51-65 Yrs.	_____	❑ Red
			❑ Over 65 Yrs.		❑ White
					❑ Balding
					❑ Bald

Other identifying features, if any:_____.

10 ❑ 6a. *At the time I served the Defendant, I asked him/her if he/she was in the military service of this state, any other state, or this nation, and the Defendant responded in the negative.*

❑6b. *The Defendant stated that he/she is in the following military service* _____.

❑6c. The Defendant refused to answer.

11

_____
Server's Signature

Subscribed and Sworn to
before me on

_____

_____
NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK

1 **COUNTY OF _____**

----------X

2

3 Plaintiff, Index No.:_____

-against-

SWORN STATEMENT OF REMOVAL OF BARRIERS TO REMARRIAGE

4 Defendant.

----------X

5 **STATE OF _____ }**

ss:

COUNTY OF _____ }

I _____ (Print Name), state under penalty of perjury that the parties' marriage was solemnized by a minister, clergyman or leader of the Society for Ethical Culture, and that;

6 ❑ *To the best of my knowledge I have taken all steps solely within my power to remove all barriers to the Defendant's remarriage following the divorce.*

OR

❑ *The Defendant has waived in writing the requirements of DRL §253.*

7

_____

Plaintiff's Signature

Subscribed and Sworn to
before me on

_____

_____

NOTARY PUBLIC

Affidavit of Service

SUPREME COURT OF THE STATE OF NEW YORK

1 **COUNTY OF** _____

2 _____ being sworn, says, I am not a party to the action, and am over 18 years of age. I reside at _____.

3 On _____, I served a true copy of the within Removal of Barriers Statement on the Defendant:

❑ *personally at* _____

OR

❑ *by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, to the address designated by the Defendant at* _____

_____

4

_____

Server's Signature

Subscribed and Sworn to
before me on

_____

_____

NOTARY PUBLIC

OR

5 Service of the within document is hereby acknowledged.

_____

❑ *Defendant's Signature* **OR**

❑ *Defendant's Attorney's Signature*

(Form UD-4a - Rev. 5/99)

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF _____**
----------X
2
3 Plaintiff, Index No.:

-against- **AFFIRMATION (AFFIDAVIT) OF REGULARITY**

4

Defendant.
----------X
5 **STATE OF _____ }**
ss:
COUNTY OF _____ }

6 The undersigned, being duly sworn, deposes and says:

I am ❑ *the attorney for* **OR** ❑ *the Plaintiff herein.*

This is a matrimonial action.

The ❑ *Summons with Notice* **OR** ❑ *Summons and Verified Complaint* and the Notice of Automatic Orders and, if the divorce action was commenced on or after January 25, 2016, the Notice of Guideline Maintenance were personally served upon the Defendant herein, ❑ *within* **OR** ❑ *outside* the State of New York as appears in the affidavit of service submitted herewith.

7 *Defendant has appeared* ❑ *on his or her own behalf* **OR** ❑ *by the firm of:* _____ _____ *and executed an affidavit agreeing that this matter be placed on the matrimonial calendar immediately.*

OR

❑ *Defendant is in default for failure to serve a notice of appearance or failure to answer the complaint served in this action in due time, and the time to answer has not been extended by stipulation, court order, or otherwise.*

WHEREFORE, I respectfully request that this action be placed on the undefended matrimonial calendar for trial.

I state under the penalties of perjury that the statements herein made are true, except as to such statements as are based on information and belief, which statements I believe to be true.

8 Dated:

_____
❑ *Plaintiff*
❑ *Attorney(s) for Plaintiff*

Subscribed and Sworn to
before me on

_____

_____
NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Plaintiff, Index No.:_____

-against- **AFFIDAVIT OF PLAINTIFF**

Defendant.
----------X

STATE OF _____ }
ss:
COUNTY OF _____ }

_____ being duly sworn, says:

1. The Plaintiff's address is _____, and social security number is _____. The Defendant's address is _____ _____, and social security number is _____.

2. **A)** The ❑ *Plaintiff* ❑ *Defendant* has resided in New York State for a continuous period of at least two years immediately preceding the commencement of this divorce action.

==========**OR**==========

B) The ❑ *Plaintiff* ❑ *Defendant* resided in New York State on the date of commencement of this divorce action and for a continuous period of one year immediately preceding the commencement of this divorce action:

AND:

a. the parties were married in New York State.

or

b. the parties have resided as married persons in New York State.

==========**OR**==========

C) The cause of action occurred in New York State and ❑ *Plaintiff* ❑ *Defendant* resided in New York State for a continuous period of at least one year immediately preceding the commencement of this divorce action.

==========**OR**==========

D) The cause of action occurred in New York State and both parties were residents at the time of commencement of this divorce action.

9 3. I married the Defendant on _____, in the City, Town or Village of _____, County of _____, State or Country of _____. The marriage was *not* performed by a clergyman, minister or by a leader of the Society for Ethical Culture.

10 (If the word "not" is deleted, check one of the following below:)

☐ *To the best of my knowledge I have taken all steps solely within my power to remove any barrier to the Defendant's remarriage.* **OR**

☐ *I will take prior to the entry of final judgment all steps solely within my power to the best of my knowledge to remove any barrier to the Defendant's remarriage.* **OR**

☐ *The Defendant has waived in writing the requirements of DRL §253 (Barriers to Remarriage*).

11 4. There is (are) _____ child(ren) of the marriage under the age of 21 (see definition on page 7 of the Instructions)

Name & Social Security Number	*Date of Birth*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The present address of each minor child of the marriage under the age of 18 (see definition on page 7 of the Instructions) *and all other places where each child has lived within the last five (5) years is as follows:*

Child	*Present Address*
_____	_____
_____	_____
_____	_____
_____	_____

Child	*Other Address Within Last 5 years*
_____	_____
_____	_____
_____	_____
_____	_____

The name(s) and present address(es) of the person(s) with whom each minor child of the marriage under the age of 18 (see definition on page 7 of the Instructions) *has lived within the last five (5) years is:*

_____	_____
_____	_____
_____	_____
_____	_____

12 I have participated in other litigation concerning the custody of the minor child(ren) of the marriage (see definition on page 7 of the Instructions) in this or another state. Yes ☐ No ☐

I have information of a custody proceeding concerning the minor child(ren)*of the marriage* (see definition on page 7 of the Instructions) pending in a court of this or another state. Yes ☐ No ☐

I know of a person who is not a party to this proceeding who has physical custody of the minor child(ren) *of the marriage* (see definition on page 7 of the Instructions) or claims to have custody or visitation rights with respect to such child(ren). Yes ☐ No ☐

13 The parties are covered by the following group health plans:

Plaintiff

Group Health Plan:_____
Address:_____
Identification Number:_____
Plan Administrator:_____
Type of Coverage:_____

Defendant

Group Health Plan:_____
Address:_____
Identification Number:_____
Plan Administrator:_____
Type of Coverage:_____

OR

☐ Not Applicable.

☐ No health plans are available to the parties
through their employment

14 5. The grounds for dissolution of the marriage are as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

☐ At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior.)

_____
_____
_____
_____
_____
_____

(Attach an additional sheet, if necessary)

Abandonment (DRL 170(2):

☐ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.

☐ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____ _____.

☐ That commencing on or about the _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____ _. This deprivation of access was without the consent of the Plaintiff and continued for a period of greater than one year.

Confinement to Prison (DRL §170(3)):

☐ That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in _____ prison on the
Name of correctional facility
_____day of _____,____, and remained confined until the
Month *Year*
_____day of_____,____; **OR** ☐ remains confined to this date.
Month *Year*

Adultery (DRL §170(4)):

☐ That on the___ day of_____,____, at _____
Month *Year* *Lo cation*
the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separation(DRL §170(5)):

☐ (a) That the _____ Court, _____ County, _____ (Country or State) rendered a decree or judgment of separation on _____ under Index Number: _____ _____; and

(b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and

(c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

14 continued

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

☐ (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and

(b) that the *agreement / memorandum of said agreement* was filed on _____in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and

(c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and

(d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

☐ That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months.

15

6a.

In addition to the dissolution of the marriage, I am seeking the following ancillary relief:
The nature of any ancillary or additional relief requested (see p.19 of Instructions) is:

_____

_____

☐ Additional page describing ancillary relief requested is attached;
☐ Marital property to be distributed pursuant to separation agreement/stipulation;
☐ I waive distribution of Marital property;
For divorces commenced on or after 1/25/16 only: ☐ *I am not seeking maintenance as payee as described in the Notice of Guideline Maintenance (the "Notice") other than what was already agreed to in a written agreement/stipulation* ; OR ☐ *I seek maintenance as payee, as described in the Notice.*
☐ **NONE**- I am not requesting any ancillary relief;
AND any other relief the court deems fit and proper

6b. If DRL §170 subd. (7) is the ground alleged, then Plaintiff hereby affirms, by checking the Box A, B, or C or D below **(NOTE: BOX A, B, C or D below must be checked if DRL 170(7) is the ground alleged),** that the following statement is true:

All economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage:

☐ A. have been resolved by the parties and are to be incorporated into the Judgment of Divorce.
by oral settlement/ stipulation on the record; or
by written Settlement/ Separation Agreement

☐ B. will be determined by the Court and are to be Incorporated into the Judgment of Divorce.

☐ C. were determined by Family Court order (custody and visitation or child support and/ or spousal support issues only) which will be continued.

☐ D. are not to be incorporated into the Judgment of Divorce, since neither party to the divorce has contested any such issues.

16 7. ❑ The Defendant **is** in the military service and ☐ *has* ☐ *has not* waived ☐ *his* ☐ *her* rights under the New York State Soldiers' and Sailors' Civil Relief Act.

==========**OR**==========

☐ Defendant is not in the active military service of this state, or any other state or this nation.
☐ I know this because: *he/she* admitted it to *me* / *the process server* on _____.
☐ I have submitted with these papers an *investigator's affidavit* / *Defendant's affidavit* which states that Defendant is not in the active military service of this state, or any other state or this nation.

17 8. I am *not* receiving Public Assistance. To my knowledge the Defendant is *not* receiving Public Assistance.

18 9. No other matrimonial action is pending in this court or in any other court, and the marriage has not been terminated by any decree of any court of competent jurisdiction.

19 10. *Annexed to the "Affidavit of Service" of Summons and Complaint / Summons With Notice is a photograph. It is a fair and accurate representation of the Defendant.*

20

11. ☐ I am the ☐ custodial parent ☐ the non-custodial parent of the unemancipated child*(ren)* of the marriage (see definition on page 7 of the Instructions) entitled to receive child support pursuant to DRL §236(B)(7)(b),

AND

☐ (1) I request child support services through the Support Collection Unit which would authorize collection of the support obligation by the immediate issuance of an income execution for support enforcement.

OR

☐ (2) I am in receipt of such services through the Support Collection Unit.

OR

☐ (3) I have applied for such services through the Support Collection Unit.

OR

☐ (4) I am aware of but decline such services through the Support Collection Unit at this time. I am aware that an income deduction order (also known as an Income Withholding Order/Notice for Support) may be issued pursuant to CPLR §5242(c) without other child support enforcement services and that payment of an administrative fee may be required.

If (1) is selected, this Affidavit or another signed application for child support services such as the Short Form Application for Child Support Services or the LDSS-5143, together with a copy of the completed Support Collection Unit Information Sheet (Form UD-8a) and a copy of the signed Judgment of Divorce (Form UD-11) must be provided to the local Support Collection Unit in the county where the Plaintiff resides within 20 days after entry of the Judgment of Divorce.

21 ☐ *Plaintiff's* **OR** ☐ *Defendant's* prior surname is: _____

Pursuant to DRL § 240 1 (a-1)-Records Checking Requirements:

☐ An Order of Protection ☐ *has been* ☐ *has never been* issued against me, enjoining me or requiring my compliance.
☐ An Order of Protection ☐ *has* ☐ *has never been* issued in favor of or protecting me or my child(ren) or a member of my household.

List all Family/Criminal Court Docket #'s and Counties, _____
Supreme Court Index #'s and Counties _____

☐ I or my child(ren) or my spouse has been named in a Child Abuse/Neglect Proceeding (FCA Art.10)
List all Family Court Docket #'s _____
and Counties _____
☐ I or my child(ren) or my spouse has never been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

☐ I am registered under New York State's Sex Offender Registration Act
List all names under which _____
you are registered _____
☐ I am not registered under New York State's Sex Offender Registration Act

22 ☐ If my divorce action was commenced on or after January 25, 2016, I acknowledge receipt of the Notice of Guideline Maintenance from the Court pursuant to DRL 236 B(6), Chapter 269 of the Laws of 2015, which was served with the Summons.

23 ☐ I have been provided a copy of Notice Relating to Health Care of the Parties. I fully understand that upon the entrance of this divorce agreement, I may no longer be allowed to receive health coverage under my former spouse's health insurance plan. I may be entitled to purchase health insurance on my own through a COBRA option, if available, otherwise I may be required to secure my own health insurance.

WHEREFORE, I _____ (print name), respectfully request that judgment be entered for the relief sought and for such other relief as the court deems fitting and proper.

24 Subscribed and Sworn to
before me on

_____
Plaintiff's Signature

_____

_____
NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF _____**
----------X
2
3 Plaintiff, Index No.:

-against- **AFFIDAVIT OF DEFENDANT**
4 **IN ACTION FOR DIVORCE**

Defendant.
----------X
5 **STATE OF _____ }**
ss:
COUNTY OF _____ }

6 _____being duly sworn, says:

7 I am the Defendant in the within action for divorce, and I am over the age of 18. I reside at _____.

8 1. I admit service of the *Summons with Notice* **OR** *Summons and Complaint* for divorce on _ _ /_ _ / 20 _ _ based upon the following grounds: Insert the grounds alleged in the *Summons with notice* or *Complaint:*

☐ DRL §170(1) cruel and inhuman treatment
☐ DRL §170(2) abandonment
☐ DRL §170(3) confinement in prison
☐ DRL §170(4) adultery
☐ DRL §170(5) living apart one year after separation decree or judgment of separation
☐ DRL §170(6) living apart one year after execution of a separation agreement
☐ DRL §170(7) irretrievable breakdown in relationship*(see Defendant's Affidavit Notes)

_____.

I also admit service of the *Notice of Automatic Orders,* and, if the divorce was commenced or or after 1/25/16, *the Notice of Guideline Maintenance,* and those of the following forms checked:
☐ *Notice Concerning Continuation of Health Care Coverage*:
☐ *other*_____

9 2. I appear in this action; however, I do not intend to respond to the summons or answer the complaint, and I waive the twenty (20) or thirty (30) day period provided by law to respond to the summons or answer the complaint. I waive the forty (40) day waiting period to place this matter on the calendar, and I hereby consent to this action being placed on the uncontested divorce calendar immediately.

TO THE DEFENDANT:

You should read the Defendant's Affidavit Notes on the last page of this Affidavit before completing this form. For instructions on how to fill out this form, see p. 20 of the instructions for Uncontested Divorces with Children which may be found at any Supreme Court Clerk's Office or online at http://www.nycourts.gov/divorce/pdfs/divorce-packet-instructions.pdf

10 3. ☐ I am not a member of the military service of this state, any other state or this nation

OR

☐ If in the military: I am aware of my rights under the New York State Soldiers' and Sailors' Civil Relief Act; however, I consent that this matter be placed on the Uncontested Matrimonial calendar and waive any rights I may have under the Act.

11 4a .☐ I waive the service of all further papers in this action except for a copy of the final Judgment of Divorce.

OR

b. ☐ I request service of the following documents: *Note of Issue, Request for Judicial Intervention, Barriers to Remarriage Affidavit, Proposed Judgment of Divorce, Proposed Findings of Facts and Conclusions of Law, Notice of Settlement, Qualified Medical Child Support Order, and any other proposed orders.*

12 5a. I am not seeking equitable distribution *other than what was already agreed to in a written stipulation*. I understand that I may be prevented from further asserting my right to equitable distribution.

5b. ***For divorces commenced on or after 1/25/16 only:***

(i) ☐ I am not seeking maintenance as payee as described in the Notice of Guideline Maintenance (the "Notice") other than what was already agreed to in a written agreement/stipulation ; OR **(ii)** ☐ *I seek maintenance as payee, as described in the Notice* . **Note:** you must fill out and file with the court the Annual Income Statement (FormUD-8(1)) and a Maintenance Guidelines Worksheet (Form UD-8(2) if you check box ***(ii).***

13 6a. *I will take or have taken all steps solely within my power to remove any barriers to the Plaintiff's remarriage.*

b. ☐ *I waive the requirements of DRL § 253 subdivisions (2),(3) and (4).*

14 7.

☐ I am ☐ custodial parent ☐ the non-custodial parent of the unemancipated child(ren) of the marriage (see definition on page 7 of the Instructions) entitled to receive child support pursuant to DRL §236(B)(7)(b),

AND

☐ (1) I request child support services through the Support Collection Unit which would authorize collection of the support obligation by the immediate issuance of an income execution for support enforcement.

OR

☐ (2) I am in receipt of such services through the Support Collection Unit.

OR

☐ (3) I have applied for such services through the Support Collection Unit.

OR

☐ (4) I am aware of but decline such services through the Support Collection Unit at this time. I am aware that an income deduction order (also known as an Income Withholding Order/Notice for Support) may be issued pursuant to CPLR §5242 (c) without other child support enforcement services and that payment of an administrative fee may be required.

If (1) is selected,If (1) is selected, this Affidavit or the another signed application for child support services such as the Short Form Application for Child Support Services

or the LDSS-5143, together with a copy of the completed Support Collection Unit Information Sheet (Form UD-8a) and a copy of the signed Judgment of Divorce (UD-11) must be provided to the local Support Collection Unit in the county where the Defendant resides within 20 days after entry of the Judgment of Divorce. These forms and instructions are available at http://ww2.nycourts.gov/divorce/forms.shtml

Pursuant to DRL § 240 1 (a-1) Records Checking Requirements:

☐ An Order of Protection ☐ *has been* ☐ *has never been* issued against me, enjoining me or requiring my compliance.

☐ An Order of Protection ☐ *has* ☐ *has never been* issued in favor of or protecting me or my child(ren) or a member of my household.

List all Family/Criminal Court Docket #'s and Counties, _____

_____

Supreme Court Index #'s and Counties _____

☐ I or my child(ren) or my spouse has been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

List all Family Court Docket #'s and Counties _____

_____

☐ I or my child(ren) or my spouse has never been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

☐ I am registered under New York State's Sex Offender Registration Act

List all names and any related information _____

_____

☐ I am not registered under New York State's Sex Offender Registration Act

15 8. If DRL §170 subd. (7) is the ground alleged, then Defendant hereby affirms, by checking the Box A, B, or C or D below **(NOTE: BOX A, B, C or D below must be checked if DRL 170(7) is the ground alleged),** that the following statement is true:

All economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage:

☐ A. have been resolved by the parties and are to be incorporated into the Judgment of Divorce.

☐ by oral settlement/ stipulation on the record; or

☐ by written Settlement/ Separation Agreement

☐ B. will be determined by the Court and are to be Incorporated into the Judgment of Divorce.

☐ C. were determined by Family Court order (custody and visitation or child support and/ or spousal support issues only) which will be continued.

☐ D. are not to be incorporated into the Judgment of Divorce, since neither party to the divorce has contested any such issues.

16 ☐ If my divorce action was commenced on or after January 25, 2016, I acknowledge receipt of the Notice of Guideline Maintenance from the Court pursuant to DRL 236 B(6), Chapter 269 of the Laws of 2015 which was served with the Summons.

17 ☐ I have been provided a copy of Notice Relating to Health Care of the Parties. I fully understand that upon the entrance of this divorce agreement, I may no longer be allowed to receive health coverage under my former spouse's health insurance plan. I may be entitled to purchase health insurance on my own through a COBRA option, if available, otherwise I may be required to secure my own health insurance.

18

_____
Defendant's Signature

Subscribed and Sworn to
before me on

_____

_____
NOTARY PUBLIC

Defendant's Affidavit Notes

- If you have been served with a Summons with Notice or a Summons and Complaint in an action for Divorce**,** ask yourself these two questions:
  Do I oppose the divorce itself?
  Do I oppose anything else my spouse is asking for in the divorce papers?

- You may want to discuss your situation with a lawyer before deciding on your final answers to these questions. If you answered "Yes" to *either* of the two questions, do *not* sign this form. If you are opposing the divorce or anything else your spouse is asking for, you should talk with a lawyer *immediately, since there are time limits for you to respond to the divorce.* The Supreme Court Clerk's Office in the county where you live (if you live in New York State) may be able to help you with information about lawyer referral services, but cannot give you legal advice**.**

- If you have decided to agree to the divorce and to the other things your spouse is asking for, **or** if you and your spouse have worked out a written Settlement Agreement about everything involved in the divorce, you can sign the Affidavit of Defendant form and have it notarized before a notary public, and send it back to your spouse.

- *If DRL §170 subd. (7) is the ground alleged in the summons with notice or complaint, then all economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage must have been resolved by the parties or determined by the court and incorporated into the judgment of divorce. If you have decided to agree to the divorce on the ground of irretrievable differences alleged by your spouse pursuant to DRL §170 subd. (7), and to all the relief requested by your spouse, and if you have no additional relief you wish to request, you should fill out Paragraph 8 at Field 15 of this Affidavit.

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF**
----------X

2

Plaintiff,

Index No.:_____ 4

-against-

ANNUAL
INCOME WORKSHEET
Form UD-8(1)

3 Defendant.
----------X

5 **This Worksheet was prepared by ☐ Plaintiff ☐ Defendant,**

To assist you in making the calculations on this Worksheet, you may use the Maintenance/Child Support Calculators posted on the Court's Divorce Resources website at http://www.nycourts.gov/divorce/MaintenanceChildSupportTools.shtml. They are provided for your convenience as a tool. They have been tested with many scenarios to assure accuracy with appropriate entry of data. You may wish to make the calculations yourself on the Appendices to this Worksheet. Neither this Worksheet nor the Calculators are meant to predict what the court will order as to maintenance or child support in your case. Comments and questions about this Worksheet or the Calculators should be sent to NYMatCalc@nycourts.gov

If you decide to use the Calculators, you must copy your work onto Appendix A.

6 **Complete Income Computations for Plaintiff and Defendant:**

1. **ENTER INCOME OF PARTIES: CHECK THE BOX TO INDICATE HOW YOU MADE THE CALCULATION**

☐ Use the Maintenance/ChildSupport Calculators posted at http://www.nycourts.gov/divorce/MaintenanceChildSupportTools.shtml **OR**

☐ Use **Appendix A** to make the calculation

A. Enter Plaintiff's Annual Income from **Line 18 of Appendix A** or **Line 18 of Part A of the Calculator**…… $_____

B. Enter Defendant's Annual Income from **Line 18 of Appendix A** or **Line 18 of Part A of the Calculator**…… $_____

NOTE: If you do not know your spouse's income write "unknown.

7 I have carefully read this Annual Income Worksheet and attest that it is true and accurate to the best of my knowledge.

_____
Signature of ☐ Plaintiff ☐ Defendant

_____
Print or Type Name

Subscribed and Sworn to before me

on_____

_____
Notary Public

SEE APPENDIX A ATTACHED

Appendix A. Itemization of Income and Expenses

APPENDIX A

Itemization of Income and Deductions

I. GROSS INCOME *(Annual Figures Only)*

		PLAINTIFF	DEFENDANT
1.	Gross (total) income (as should have been or should be reported in most recent federal income tax return)	$_____	$_____
2.	Investment income (not already included in item 1) reduced by amount expended in connection with the investments	_____	_____
3.	Income or compensation from the following sources (not already included in items 1 or 2)	_____	_____
	a. deferred compensation	_____	_____
	b. worker's compensation	_____	_____
	c. disability benefits	_____	_____
	d. unemployment insurance benefits	_____	_____
	e. social security benefits	_____	_____
	f. veterans benefits	_____	_____
	g. pensions and retirement benefits	_____	_____
	h. fellowships and stipends	_____	_____
	i. annuity payments	_____	_____
4.	Former income or resources voluntarily reduced	_____	_____
5.	Self-employment deductions (not already included in items 1 or 2)	_____	_____
	a. depreciation deduction in excess of straight-line	_____	_____
	b. entertainment and travel allowances if they reduce personal expenditures	_____	_____
6.	Other Income not already listed above (including but not limited to: Income from non-income producing assets; employment "perks" and reimbursed expenses to the extent that they reduce personal expenses; fringe benefits as a result of employment; money, goods and services provided by friends and relatives)	_____	_____
7.	Income from Income Producing Property distributed or to be distributed pursuant to a final judgment of divorce.		
8.	**GROSS ANNUAL INCOME** ***(Add lines 1-7)***	$_____	$_____
		PLAINTIFF	DEFENDANT

II. DEDUCTIONS *(Annual Figures Only)*

		PLAINTIFF	DEFENDANT
9.	Unreimbursed employee business expenses (except to extent expenses reduce personal expenditures)	$_____	$_____
10.	Alimony or maintenance actually paid to non-party spouse pursuant to court order or agreement.	_____	_____
11.	Child support actually paid pursuant to court order or agreement for non-party child	_____	_____
12.	Public assistance . . . . . *Note:* enter zero unless included in Gross Income	_____	_____
13.	Supplemental social security Income . . . . . *Note:* enter zero unless included in Gross Income	_____	_____
14.	N.Y.C. or Yonkers taxes	_____	_____
15.	Federal Insurance Contributions Act (FICA) Social Security taxes. . .	_____	_____
16.	Federal Insurance Contributions Act (FICA) Medicare taxes	_____	_____
17.	**TOTAL ANNUAL DEDUCTIONS** ***(Add lines 9-16)***	**$_____**	**$_____**

III. NET INCOME

		PLAINTIFF	DEFENDANT
18.	**NET ANNUAL INCOME** ***(Subtract line 17 from line 8 and insert on lines 1A and 1B of the Worksheet)***	**$_____**	**$_____**

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF**
----------X
2

Plaintiff, Index No.:_____4

-against-
3

MAINTENANCE GUIDELINES WORKSHEET (FORM UD-8(2) Rev. 3/1/20

Defendant.
----------X

IMPORTANT NOTE: DO NOT FILL OUT THIS FORM IF YOUR ACTION WAS COMMENCED BEFORE JANUARY 25, 2016, [1]

To assist you in making the calculations on this Worksheet, you may use the Maintenance/Child Support Calculators posted on the Court's Divorce Resources website at http://ww2.nycourts.gov/divorce/MaintenanceChildSupportTools.shtml. They are provided for your convenience as a tool. They have been tested with many scenarios to assure accuracy with appropriate entry of data. You may wish to make the calculations yourself on the Appendices to this Worksheet. Neither this Worksheet nor the Calculators are meant to predict what the court will order as to maintenance or child support in your case. Comments and questions about this Worksheet or the Calculators should be sent to NYMatCalc@nycourts.gov

If you decide to use the Calculators, you must copy your work onto Appendix B.

5 This Worksheet was prepared by ☐ Plaintiff ☐ Defendant,

NOTE: If you and your spouse have entered into an agreement about maintenance[2] check the box below and submit a copy of the agreement or agreements to the court along with the completed Worksheet.

☐ Plaintiff and Defendant have entered into a written agreement about maintenance.

---

[1] January 25, 2016 is the date the new Maintenance Guidelines Law (L. 2015, c. 269,) became effective. If your divorce action was commenced before that date, include any request for maintenance as "Ancillary" or other relief in the Summons with Notice or the Summons and Verified Complaint. See pages 14 and 16 of the Uncontested Divorce Packet Instructions.

[2] Note that "maintenance" is support to be paid by one party to the marriage for the support of the other party to the marriage after the divorce is final. Because it is to be paid after the divorce is final, it is sometimes referred to as "post-divorce" maintenance, or simply as "maintenance."

6 **1. Enter Income of Parties by copying the amounts from the Annual Income Worksheet,**
Line 1A and Line 1B (Form UD- 8(1)).

A. Enter Plaintiff's Annual Income
$_____

B. Enter Defendant's Annual Income
$_____

7 **2. DETERMINE WHO IS THE PAYOR AND WHO IS THE PAYEE:**

A. Enter the higher of **Lines 1A** and **1B**.
The person with the higher income is the **MAINTENANCE PAYOR.....** $ _____

B. Enter the lower of **Lines 1A** and **1B**.
The person with the lower income is the **MAINTENANCE PAYEE.....** $ _____

8 **3. CALCULATE GUIDELINE MAINTENANCE AWARD ON INCOME UP TO AND INCLUDING $192,000.**

A. Check the box to indicate how you made the calculation:

☐ Use the Maintenance/Child SupportCalculators posted at **http://www.nycourts.gov/divorce/MaintenanceChildSupportTools.shtml** and enter the Annual Guideline Maintenance Award from Line 19 of Part B of the Calculators in **Line 3B**.

OR

☐ Use **Appendix B** to make the calculation and enter the amount from **Line 19** of **Appendix B** in **Line 3B** below

B. **The Guideline Award of Maintenance** (based on Maintenance Payor's Income up to $192,000)..... **$**_____

9 **THE COURT WILL DETERMINE HOW LONG THE MAINTENANCE AWARD WILL BE PAID** [3]

4a., please enter:

i) The date of your marriage_____; The date your divorce action was

[3]The court **must** determine how long the maintenance award will be paid using the 15 Factors for Post-Divorce Maintenance in Appendix. D, and the court **may** also consider the Advisory Schedule for Duration of Award in Appendix E setting forth percentages of the length of the marriage for which maintenance may be paid.

commenced_____; The number of years you were married to the date your divorce action was commenced:_____

ii) The range that maintenance would be payable according to the Advisory Schedule for Duration of Award in Appendix E _____

Note: Multiply the number of years you have been married by the percentages in Appendix E to give the range on the schedule for that number of years married. For example, if you have been married 10 years on the date your action was commenced, the Advisory Schedule advises a duration of 15%- 30% times the number of years married. Multiply 10 x 15% = 1.5; Next Multiply 10 x 30%= 3. Write 1.5 – 3 years on line ii) above.

iii) How many years are you asking the Court to order that maintenance shall be payable? _____

iv) Please describe retirement assets, benefits and retirement eligibility (age and other requirements) of you and your spouse if you can on the lines below. If you do not know them, write, "unknown."

_____
_____
_____
_____
_____
_____

Attach an additional page if needed and check the box below:

☐ Additional Page Attached

4b. Review the **15 factors for post – divorce maintenance** in Appendix D, and list any factors you would like the court to know about when deciding how long maintenance will be paid.

_____
_____
_____
_____
_____
_____

Attach an additional page if needed and check the box below:

☐ Additional Page Attached

10 **5.** After reviewing the **15 factors for post-divorce maintenance,** check the applicable box or boxes to ask the Court to adjust the award of maintenance on income of the payor up to $192,000 or to order maintenance on income of the Payor in excess of $192,000 per year. Then list the factors you would like the Court to consider in making such decision.

☐Adjust Award of Maintenance on income up to $192,000 because you believe it is unjust [4]

☐Order Maintenance on Income in Excess of $192,000 per year[5]

_____
_____
_____
_____
_____
_____

Attach an additional page if needed and check the box below:

☐ Additional Page Attached

.

11 I have carefully read this statement and attest that it is true and accurate to the best of my knowledge.

_____

Signature of ☐ Plaintiff ☐Defendant,

_____

Print or Type Name

Subscribed and Sworn to before me

on_____

_____

Notary Public

[4] **Unjust or Inappropriate Awards:** If a party believes that the Guideline Maintenance Award on income up to $192,000 is unjust or inappropriate, the party can ask the Court to order the Maintenance Payor to pay an adjusted amount. In making such decision, the Court shall consider the **15 factors for post-divorce maintenance**.

[5] **Awards on Income of the Payor above $192,000.** If the Maintenance Payor's income exceeds $192,000, the Court may award an additional amount of maintenance. In making such decision, the Court shall consider the **15 factors for post-divorce maintenance.**

See APPENDICES B, D, and E Attached

APPENDIX B.

Calculation of Guideline Amount of Maintenance up to and Including $192,000 and Adjustment for Low Income

APPENDIX D.

15 Factor for Court to Consider for Post-Divorce Maintenance* Where Income Exceeds $192,000 or in Connection with Adjustment of Award or in Considering Duration of Award.

APPENDIX E.

Advisory Schedule for Duration of Post-Divorce* Maintenance

* Note that “maintenance” is support to be paid by one party to the marriage for the support of the other party to the marriage after the divorce is final. Because it is to be paid after the divorce is final, it is sometimes referred to as “post-divorce” maintenance, or simply as “maintenance.”

```

## APPENDIX B (Page 1 of 2 Pages)

### Calculation of Guideline Maintenance Award on Maintenance Payor's Income up to and Including $192,000; Includes Possible Low Income Adjustment

### I. BASIC CALCULATION

**STEP A: INCOME OF MAINTENANCE PAYOR AND MAINTENANCE PAYEE**

1. Enter Maintenance Payor's income from Line 2A on page 1 of the Worksheet: If this amount is greater than $192,000, enter $192,000 . . . . . $_____
2. Enter Maintenance Payee's income from Line 2B on page 1of the Worksheet $_____

**STEP B:**

**CALCULATE RESULT 1 and RESULT 2 USING FORMULAS B(1) AND B(2) BELOW; THEN ANSWER QUESTIONS IN STEP C AND STEP D TO DETERMINE WHETHER RESULT 1 OR RESULT 2 APPLIES**

**STEP B(1)(3):** Multiply Line 1 (Maintenance Payor's Income) by 20% . . . . . $_____

**STEP B(1)(4):** Multiply Line 2 (Maintenance Payee's Income) by 25% . . . . . $_____

**STEP B(1)(5):** Subtract Line 4 from Line 3: **Result 1**. . . . . $_____

**STEP B(2)(3):** Multiply Line 1 (Maintenance Payor's Income) by 30% . . . . . $_____

**STEP B(2)(4):** Multiply Line 2 (Maintenance Payee's Income) by 20% . . . . . $_____

**STEP B(2)(5):** Subtract Line 4 from Line 3: **Result 2**. . . . . $_____

**STEP C:** 6 Will child support be paid for children of the marriage? . . . . . **YES__ NO**

**STEP D:** 7. Is the Maintenance Payor the Non-Custodial Parent? . . . . . **YES__ NO**

**RESULT 1 OF STEP B(1) WILL APPLY IF THE ANSWERS TO BOTH OF THE QUESTIONS IN STEP C AND STEP D IS YES. RESULT 2 OF STEP B(2) WILL APPLY IF THE ANSWER TO EITHER QUESTION IN STEP C OR STEP D IS NO.**

**STEP E: COMPLETE THE CALCULATIONS BELOW to arrive at Result 3:**

8. Add Lines 1 and 2 . . . . . $_____
9. Multiply 40% of Line 8. . . . . $_____
10. Subtract Line 2 from Line 9: **Result 3**. . . . . $_____
11. Enter the lower of **Result 3** from Line 10 and Line 5 (from STEP B, **Result 1** or **Result 2**, whichever applies), but if Line 11 is less than or equal to zero, enter zero . . . . . $_____

    **THIS IS THE CALCULATED GUIDELINE AMOUNT**
```

II. THE LOW INCOME ADJUSTMENT

STEP F: ***(Determine if the low income adjustment applies)***

12. Enter Maintenance Payor's Income from Line 1 . . . . . $_____

13. Enter calculated guideline amount from Line 11. . . . . − $_____

14. Subtract Line 13 from Line 12. . . . . $_____

- ***If Line 14 is greater than $17,226, there is no low income adjustment. Enter the amount from Line 11 in Line 18.***
- ***If Line 14 is less than $17,226, there is a low income adjustment. Go to Step G to calculate the amount of the award.***

STEP G: ***(Determine the amount of the award after the low income adjustment)***

15. Enter Maintenance Payor's income from Line 1 . . . . . $_____

16. Enter $17,226 (the Self Support Reserve)*. . . . . − $_____

17. Subtract Line 16 from Line 15. . . . . $_____

- ***If the amount on Line 17 is greater than zero, enter that amount in Line 18.***
- ***If the amount on Line 17 is less than or equal to zero, enter zero in Line 18.***

18. Amount owed after low income adjustment. . . . . $_____

III. AWARD

19. Enter the amount as directed in either Step F or Step G, whichever applies.
Also enter this amount in Line 3B of the Worksheet . . . . . **$_____**

* Every March 1st the Self -Support Reserve changes. You may find the most current figures at **https://newyorkchildsupport.com/quick_links.html.** The current level of the Self-Support Reserve is $17,226.

APPENDIX C INTENTIONALLY OMITTED

APPENDIX D

15 FACTORS FOR POST-DIVORCE MAINTENANCE PURSUANT TO DRL §236B(6)(E)(1)FOR ADJUSTMENT OF AWARD, FOR DURATION OF AWARD, OR WHERE PAYOR'S INCOME EXCEEDS $192,000

1. the age and health of the parties;
2. the present or future earning capacity of the parties, including a history of limited participation in the workforce;
3. the need of one party to incur education or training expenses;
4. the termination of a child support award before the termination of the maintenance award when the calculation of maintenance was based upon child support being awarded which resulted in a maintenance award lower than it would have been had child support not been awarded;
5. the wasteful dissipation of marital property, including transfers or encumbrances made in contemplation of a matrimonial action without fair consideration;
6. the existence and duration of a pre-marital joint household or a pre-divorce separate household;
7. acts by one party against another that have inhibited or continue to inhibit a party's earning capacity or ability to obtain meaningful employment. Such acts include but are not limited to acts of domestic violence as provided in section four hundred fifty-nine-a of the social services law;
8. the availability and cost of medical insurance for the parties;
9. the care of children or stepchildren, disabled adult children or stepchildren, elderly parents or in-laws provided during the marriage that inhibits a party's earning capacity;
10. the tax consequences to each party;
11. tthe standard of living of the parties established during the marriage;
12. the reduced or lost earning capacity of the payee as a result of having foregone or delayed education, training, employment or career opportunities during the marriage;
13. the equitable distribution of marital property and the income or imputed income on the assets so distributed;
14. the contributions and services of the payee as a spouse, parent, wage earner and homemaker and to the career or career potential of the other party; and
15. any other factor which the court shall expressly find to be just and proper.

APPENDIX E

THE COURT MAY DETERMINE THE DURATION OF POST-DIVORCE MAINTENANCE IN ACCORDANCE WITH THE FOLLOWING ADVISORY SCHEDULE: BUT IN ANY EVENT, THE COURT MUST CONSIDER THE 15 POST-DIVORCE MAINTENANCE FACTORS SET FORTH IN APPENDIX D.

Length of Marriage	Percent of the length of the marriage for which maintenance will be payable
0 up to and including 15 years	15% - 30%
More than 15 up to and including 20 years	30% - 40%
More than 20 years	35% - 50%

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF**
----------X
2
Plaintiff, Index No.:_____4

-against-

CHILD SUPPORT WORKSHEET (Form UD 8(3)) Rev. 3/1/20

3 Defendant.
----------X

To assist you in making the calculations on this Worksheet, you may use the Maintenance/Child Support Calculators posted on the Court's Divorce Resources website at http://www.nycourts.gov/divorce/MaintenanceChildSupportTools.shtml. They are provided for your convenience as a tool. They have been tested with many scenarios to assure accuracy with appropriate entry of data. You may wish to make the calculations yourself on the Appendices to this Worksheet. Neither this Worksheet nor the Calculators are meant to predict what the court will order as to maintenance or child support in your case. Comments and questions about this Worksheet or the Calculators should be sent to NYMatCalc@nycourts.gov

If you decide to use the Calculators, you must copy your work onto Appendix G.

5 1. This Worksheet was prepared by ☐ Plaintiff ☐ Defendant,
6 2. If you and your spouse have entered into a written agreement about child support, check the box below

☐ Plaintiff and Defendant have entered into a written agreement about Child Support.

3. If you and your spouse have entered into a written agreement about child support, submit a copy of the agreement to the court along with the completed Worksheet and check the box below.

☐ A copy of the written agreement about child support was submitted to the court with this Worksheet.

4. ☐ If I am not represented by an attorney, I have received a copy of the Child Support Standards Act Chart.

7 5. **CALCULATE BASIC ANNUAL CHILD SUPPORT OBLIGATION**

If there are unemancipated children of the marriage, calculate the amount of child support that must be paid to the custodial parent by the non-custodial parent.

A. Check the box to indicate how you made the calculation:

☐ Use the Maintenance/Child Support Calculators posted at the link above and enter the amount from Part C - IV, Line 1 of the Calculator **in Line 5B below.**

OR

☐ Use **Appendix G** to make the calculation and enter the amount from **Section IV Line 1** of **Appendix G** in **Line 5B** below

B. The Annual Basic Child Support Obligation **$**_____

8 6. If you believe the Annual Basic Child Support Obligation is unjust and should be changed,[1] list the factors you would like the Court to consider in its decision, after reviewing the **10 child support adjustment factors** in Appendix F.

_____
_____
_____
_____
_____
_____

Attach an additional page if needed and check the box below:
Additional Page Attached ☐

9 7. If you would like the Court to award child support on Combined Parental Income in excess of $154,000, please list the factors you would like the Court to consider in its decision, after reviewing the 10 child support adjustment factors in Appendix F. [2]

_____
_____
_____
_____
_____

Attach an additional page if needed and check the box below:

Additional Page Attached ☐

10 8. I have carefully read this statement and attest that it is true and accurate to the best of my knowledge.

_____
Signature ☐Plaintiff ☐Defendant

_____
print or type name

Subscribed and Sworn to
before me on

_____
Notary Public

[1]If a party believes that NCP's Annual Child Support Obligation is unjust or inappropriate, the party can ask the Court to order the NCP to pay an adjusted amount after considering **the 10 child support adjustment factors. The 10 child support adjustment factors pursuant to DRL §240(1 -b) (f) are listed on Appendix F.**

[2] If the Combined Parental Income exceeds $154,000, the Court may award an additional amount of child support. In making such decision, the Court will consider **the 10 child support adjustment factors** and/or the child support percentages as shown for information only on Appendix G Section I lines 9- 9c and on Part C- I line 8 of the Calculators.

SEE APPENDICES F AND G ATTACHED

APPENDIX F.
10 Child Support Adjustment Factors Where Income Exceeds $154,000 or When Considering Adjustment of Award (see DRL 240(1-b)(f))

APPENDIX G.
Calculation of Annual Basic Child Support Obligation

APPENDIX F

10 CHILD SUPPORT ADJUSTMENT FACTORS PURSUANT TO DRL §240(B-1)(F)* FOR ADJUSTMENT OF AWARD OR WHERE COMBINED PARENTAL INCOME EXCEEDS $154,000

1. The financial resources of the custodial and non-custodial parent, and those of the child;
2. The physical and emotional health of the child and his/her special needs and aptitudes;
3. The standard of living the child would have enjoyed had the marriage or household not been dissolved;
4. The tax consequences to the parties;
5. The non-monetary contributions that the parents will make toward the care and well-being of the child;
6. The educational needs of either parent;
7. A determination that the gross income of one parent is substantially less than the other parent's gross income;
8. The needs of the children of the non-custodial parent for whom the non-custodial parent is providing support who are not subject to the instant action and whose support has not been deducted from income pursuant to subclause (D) of clause (vii) of subparagraph five of paragraph (b) of this subdivision, and the financial resources of any person obligated to support such children, provided, however, that this factor may apply only if the resources available to support such Children are less than the resources available to support the children who are subject to the instant action;
9. Provided that the child is not on public assistance (i) extraordinary expenses incurred by the non-custodial parent in exercising visitation, or (ii) expenses incurred by the non-custodial parent in extended visitation provided that the custodial parent's expenses are substantially reduced as a result thereof; and
10. Any other factors the court determines are relevant in each case, the court shall order the non-custodial parent to pay his or her pro rata share of the basic child support obligation, and may order the non-custodial parent to pay an amount pursuant to paragraph (e) of this subdivision.

*CH. 567 of the Laws of 1989

APPENDIX G

CALCULATION OF ANNUAL BASIC CHILD SUPPORT OBLIGATION

I. ADJUST FOR MAINTENANCE AND COMPUTE BASIC CHILD SUPPORT BEFORE LOW INCOME ADJUSTMENT OR ADD-ONS

1. Enter the amount of the guideline award of maintenance on Income of Maintenance Payor up to $192,000 from Line 3B of the **UD-8(2), BUT ENTER ZERO INSTEAD IF NEITHER PARTY SEEKS MAINTENANCE, OR, IF YOU HAVE AN AGREEMENT AS TO MAINTENANCE WITH YOUR SPOUSE, ENTER THAT AMOUNT INSTEAD AND PROVIDE THE AGREEMENT TO THE COURT** …… $_____

2. Net Annual Income of Party with lower income, Adjusted for Maintenance (Line 1 above plus Line 1A or 1B of UD-8(1), whichever is lower) $_____

3. Net Annual Income of Party with higher income Adjusted for Maintenance (Line 1A or 1B of Annual Income Worksheet Form UD-8(1), whichever is higher, minus line 1 above). . . . …… $_____

4.Combined Parental Income Adjusted for Maintenance

(**Total 2 plus 3**) . . …… $_____

5.Determine whether the Non-Custodial parent (NCP) is the party with the higher or lower income and enter the Income of the NCP from Line 2 or 3, whichever applies . . . . . $_____

ALSO ENTER THIS AMOUNT IN Section II, Line 1

5a. Enter the NCP's Percentage Share of Combined Parental Income . . . . . _____%

Note: Divide Line 5 by Line 4

Note: The percentage share is sometimes referred to as the "pro rata share." You will use this same percentage for the NCP's share of Mandatory Add-on Expenses in Section III below.

5b. Enter the CP's Percentage Share of Combined Parental Income. . . . . _____%

Note: Divide Custodial Parent ("CP")'s Income (from Line 2 or Line 3, whichever applies), by Line 4

Note: The percentage share is sometimes referred to as the "pro rata share." You will use this same percentage for the CP's share of Mandatory Health insurance Expenses in Section III below

6. Enter the percentage that applies based on the number of children . . . . . _____%

% 1 child =17%; 2 children =25%; 3 children =29%; 4 children =31%; 5 children= 35% (minimum)

7. Multiply the percentage in Line 6 by Combined Parental Income from Line 4, but only up to $154,000 of Combined Parental Income . . . . . $_____

This is the Combined Child Support on Combined Income up to $154,000

Example: If Combined Parental Income in Line 4 is $250,000, and if there are 2 children, multiply $154,000 by 25%.

8. Multiply amount in Line 7 by percentage in Line 5a . . . . . $_____

This is the **NCP's Annual Percentage Share of Child Support on Combined Parental Income up to and including $154,000.**

ALSO ENTER THIS AMOUNT IN SECTION II, Line 2

Lines 9-9c below are for information only and are not to be included in the totals in this worksheet.

9. Compute Child Support on Combined Parental Income Above $154,000, if any.

If there is none, skip to Section II below.

9a. If there is Combined Parental Income above $154,000, enter the amount of such Income you asking the Court to use for child support. . . . . $_____

9b. Multiply amount in Line 9a by percentage in Line 6

This is Combined Child Support on Income above $154,000 you are asking the court to consider for Child Support . . . . . $_____

9c. Multiply Line 9b by the percentage in Line 5a

This is the NCP's Annual Percentage Share of Income Above $154,000 that you are asking the court to consider for Child Support. . . . . $_____

NCP'S ANNUAL BASIC PAYMENT will be the total of Line 8 plus any possible increase at the court's discretion after consideration of the 10 child support adjustment factors and/or the child support percentage for child support on combined parental income in excess of $154,000, if any. This is the amount the NCP must pay to the CP for all of the children's costs and expenses, before possible low income adjustment (See Section II), Add On Expenses (see Section III), and possible adjustment at the Court's discretion if the Court finds such amount to be unjust and inappropriate based on consideration of the 10 child support adjustment factors (See Appendix F).

DETERMINE WHETHER LOW INCOME EXEMPTION APPLIES

1. NCP's Annual Income (Line 5 of Section I) . . . . . $_____

2. Basic Child Support Obligation (Line 8 of Section I) . . . . . $_____

3. Subtract Line 2 from Line 1 . . . . . $_____

This is the NCP's Annual Income after the Basic Child Support Obligation . . . . . $_____

▶ ***If Line 3 is less than the Self-Support Reserve (SSR) of $17,226, there will be a low income adjustment.***

▶ ***If Line 3 is less than the SSR of $17,226 but greater than $12,760 (poverty level), child support shall be the greater of $600 or the difference between NCP Income and the SSR of $17,226. Proceed to Line 4a to compute the difference. Enter the greater of $600 or the difference in Line 4b. (Note: Add-on expenses may apply in the Court's discretion).***

▶ ***If Line 3 is equal to or greater than the Self-Support Reserve (SSR) of $17,226, there will be no low income adjustment. Skip the rest of this section and proceed to Section III below.***

▶ ***If Line 3 is less than $12,760 (the poverty level), the Basic Child Support shall be $300 [1];***
Enter $300 in Line 4b below. Add on Expenses will not apply.

4a. NCP Income minus SSR: Subtract $17,226 from amount in Line 1. . . . . $_____

4b. Enter the Basic Child Support Obligation with Low Income

Exemption if applicable . . . . . $_____

In Line 4b, enter $300 if Line 3 is less than $12,760.

ALSO ENTER THIS AMOUNT ON LINE 5B at page 2 of the Worksheet.

Skip Section III.

OR

In Line 4b, enter the greater of $600 and Line 4a, if Line 3 is greater than $12,760 but less than $17,226. Then proceed to Section III.

OR

In Line 4b, enter amount from Line 2 if Line 3 is equal to or greater than $17,226. Then Proceed to Section III.

[1] However, if the Court finds such amount to be unjust and inappropriate, based on the factors in DRL§ 240 (1-b)(f), the Court can order the NCP to pay less than $300 per year.

II. ADD-ON EXPENSES (SKIP THIS SECTION IF THE BASIC CHILD SUPPORT OBLIGATION WITH LOW INCOME EXEMPTION IS $300).

IF LINE 3 of SECTION II IS LESS THAN THE SSR BUT GREATER THAN THE POVERTY LEVEL, THE COURT HAS DISCRETION WHETHER OR NOT TO AWARD THE MANDATORY ADD ON EXPENSES (see DRL 240(1-b)(d)).

A. Mandatory Child Care Expenses

1. Enter annual cost of child care (child care costs from custodial parent's working, or receiving elementary, secondary or higher education or vocational training leading to employment.) . . . . . $_____

2. NCP's Percentage Share of Child Care Expenses (from Line 5a of Section I)_____%

3. NCP's Dollar Share of Child Care Expenses (multiply Line 1 x line 2) . . . . $_____

B. Mandatory Health Expenses (health insurance premiums and future unreimbursed health-related expenses)

4a. NCP's % share of health insurance premiums and future unreimbursed health-related expense . . . . . _____%

4b. CP's % share of health insurance premiums and future unreimbursed health-related expense . . . . . _____%

5. Annual cost of health insurance for the children . . . . . $_____

6. Does the NCP provide the Health Insurance? . . . . . **YES**____**NO**_____

6a. If No, NCP's dollar share of Health Insurance (added to the Basic Child Support Obligation) (multiply Line 4a x line 5) . . $_____

6b. If yes, CP's dollar Share of Health Insurance (deducted from Basic Child Support Obligation)(multiply Line 4b x line 5). . $_____

7. Health Care Adjustment (Add amount from Line 6a or subtract amount from Line 6b, whichever applies) . . . . . $_____

8. Total Mandatory Add-On Expenses (Total Lines 3 and 7) . . . . . $_____

9. For Information Only, (not to add to the totals in this Worksheet), enter the total Discretionary Expenses for Child Care and Education if you are asking the Court to consider awarding **them**** . . . . . .$_____

** **Note:** In addition to Mandatory Add-On Expenses in A and B above, the Court may determine and apportion additional Discretionary Expenses for child care expenses, and additional Discretionary Expenses for education.

III. BASIC ANNUAL CHILD SUPPORT OBLIGATION*

Add Line 4b of Section II and Line 8 of Section III, BUT

IF LINE 3 of SECTION II IS LESS THAN THE SSR BUT GREATER THAN THE POVERTY LEVEL (the "SSR Adjustment"), KEEP IN MIND THAT THE TOTAL MAY BE LOWER AFTER THE COURT DECIDES WHETHER TO AWARD THE ADD-ON EXPENSES.

NCP's Basic Child Support Obligation Adjusted for low income from Line 4b of Section II $_____

NCP's Total Share of Mandatory Child Care Expenses from Line 3 of Section III $_____

NOTE: Leave this blank for the Court to fill in if there is an SSR Adjustment

NCP's Total Share of Mandatory Health Insurance Premiums for the Children from Line 7 of Section III $_____

NOTE: Leave this blank for the Court to fill in if there is an SSR Adjustment

Total Line 1 Section IV ..... $_____

This is the NCP's Annual Basic Payment Adjusted for Low Income If any, Including Add On Expenses and Health Insurance Adjustment, if applicable

ENTER THIS AMOUNT ON LINE 5B of the Worksheet

* **Note:** The Basic Annual Child Support Obligation will also include whatever the Court may order the NCP to pay in child support on combined parental income above $154,000, if any, after considering the 10 child support adjustment factors and/or the child support percentage.

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF _____**
----------x
2
3 Plaintiff, **Index No. _____**

-against- **SUPPORT COLLECTION UNIT**
4 **INFORMATION SHEET**

Defendant.
----------x

The following information is required pursuant to Section 240(1) of the Domestic Relations Law:

5 PLAINTIFF: _____

Address: _____

Date of Birth _____ SS #: _____

6 DEFENDANT: _____

Address: _____

Date of Birth _____ SS #: _____

7 Date and Place of Marriage: _____

8 ❑ *Plaintiff* **OR** ❑ *Defendant* is the custodial parent and ❑ *is* **OR** ❑ *is not* receiving public assistance.

9 **UNEMANCIPATED CHILDREN:** Name Date of Birth

SUPPORT: Maintenance $_____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑ *Semi-monthly* **OR** ❑ *per month*

Child Support $_____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑ *Semi-monthly* **OR** ❑ *per month*

Total Support $_____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑ *Semi-monthly* **OR** ❑ *per month*

10 Support payments are to be made to the Support Collection Unit for the benefit of ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *Third Party.*

11 If third party, list name and address: _____

12 Non-custodial parent's employer: _____

Address: _____

13 Dated: _____

(Form UD-8a, Rev. 1/25/16)

At a term of the Supreme Court of the
State of New York, held in and for the
1 County of_____
2 at _____, New York
3 on _____

4 PRESENT: Hon._____
Justice/Referee

5
6 Index No.:_____

Plaintiff,

-against-

QUALIFIED MEDICAL CHILD SUPPORT ORDER

7

Defendant.

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING, RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR CONTEMPT OF COURT.

8 Pursuant to DRL §240(1). This Qualified Medical Child Support Order (QMCSO) orders and directs that the unemancipated dependents named herein:
Name: Date of Birth: Soc. Sec.#: Mailing Address:

are entitled to be enrolled in and receive the benefits for which the legally responsible relative named herein is eligible, under the group health plan named herein in accordance with Section 609 of the Federal Employee Retirement Income Security Act.

9 The Participant (legally responsible relative) is:
Name: Soc. Sec.#: Mailing Address:

10 The Dependents' Custodial Parent or Legal Guardian who is to be provided with any identification cards and benefit claim forms on behalf of dependents:
Name: Soc. Sec.#: Mailing Address:

11 The group health plan subject to this order is:
Name: Address: Identification No.:

12 The administrator of said plan is:
Name: Address:

13 The type of coverage provided is:

14 **ORDERED** that coverage shall include all plans covering the health, medical, dental, pharmaceutical and optical needs of the aforementioned Dependents named above for which the Participant is eligible.

15 **ORDERED** that said coverage shall be effective as of (give date) _____ and shall continue as available until the respective emancipation of the aforementioned dependents.

ENTER:

16 DATED:_____ _____
JSC/Referee

TO: [Health Insurer]

NOTICE: Pursuant to Section 5241(g)(4) of the Civil Practice Laws and Rules, if an employer, organization or group health plan fails to enroll eligible dependents or to deduct from the debtor's income the debtor's share of the premium, such employer, organization or group health plan administrator shall be jointly and severally liable for all medical expenses incurred on behalf of the debtor's dependents named in the execution while such dependents are not so enrolled to the extent of the insurance benefits that should have been provided under such execution.

The group health plan is not required to provide any type or form of benefit or option not otherwise provided under the group health plan except to the extent necessary to meet the requirements of a law relating to medical child support described in section one thousand three hundred and ninety six g-1 of title forty-two of the United States Code.

NOTE OF ISSUE - UNCONTESTED DIVORCE

For Use of Clerk

SUPREME COURT OF THE STATE OF NEW YORK
1 **COUNTY OF _____**
----------X
2
3 Index No.:

Plaintiff,

Calendar No.:

- against -

4

Defendant.
----------X

5 NO TRIAL

6 FILED BY: ❑ *Plaintiff* **OR** ❑ *Plaintiff's Attorney* **OR** ❑ *Defendant* **OR** ❑ *Defendant's Attorney*

7 DATE SUMMONS FILED: _____

8 DATE SUMMONS SERVED: _____

9 DATE ISSUE JOINED: **NOT JOINED -** ❑ ***Waiver*** **OR** ❑ ***Default*** **OR** ❑ ***Stipulation/Separation Agreement***

10 NATURE OF ACTION: **UNCONTESTED DIVORCE**

11 RELIEF: **ABSOLUTE DIVORCE**

12 ❑ *Plaintiff* **OR** ❑ *Attorney(s) for Plaintiff*
Office and P.O. Address:

Phone No.:
Fax No.:

13 ❑ *Defendant* **OR** ❑ *Attorney(s) for Defendant*
Office and P.O. Address:

Phone No.:
Fax No.:

1 At the *Matrimonial/IAS* Part _____
of New York State Supreme Court at
2 the Courthouse, _____
3 County, on _____.

Present:
4 Hon. *Justice/Referee*
----------X
5
6 Index No.:
Plaintiff, Calendar No.:
-against-

FINDINGS OF FACT
AND
CONCLUSIONS OF LAW

7
Defendant.
----------X

8 The issues of this action having ❑ *been submitted to* **OR** ❑ *been heard* before me as one of the *Justices/Referees* of this Court at Part _____ hereof, held in and for the County of _____ on _____, and having considered the allegations and proofs of the respective parties, and due deliberation having been had thereon.

NOW, after ❑ *reading and considering the papers submitted* ❑ *hearing the testimony*, I do hereby make the following findings of essential facts which I deem established by the evidence and reach the following conclusions of law.

FINDINGS OF FACT

9 **FIRST:** Plaintiff and Defendant were both eighteen (18) years of age or over when this action was commenced.

10 **SECOND:**

A) ❑ The ❑ *Plaintiff* ❑ *Defendant* has resided in New York State for a continuous period of at least two years immediately preceding the commencement of this divorce action.

==========**OR**==========

B) ❑ The ❑ *Plaintiff* ❑ *Defendant* resided in New York State on the date of commencement of this

divorce action and for a continuous period of one year immediately preceding the commencement of this divorce action **AND:**

a. ❑ the parties were married in New York State.

or

b. ❑ the parties have resided as married persons in New York State.

==========**OR**==========

C) ❑ The cause of action occurred in New York State and ❑ *Plaintiff* ❑ *Defendant* resided in New York State for a continuous period of at least one year immediately preceding the commencement of this divorce action.

==========**OR**==========

D) ❑ The cause of action occurred in New York State and both parties were residents at the time of commencement of this divorce action.

11 **THIRD:** The Plaintiff and the Defendant were married on the date of _____ in the City, Town or Village of _____, County of _____, State or Country of _____; in a ❑ *civil* **OR** ❑ *religious* ceremony.

12 **FOURTH:** That no decree, judgment or order of divorce, annulment or dissolution of marriage has been granted to either party against the other in any Court of competent jurisdiction of this state or any other state, territory or country, and that there is no other action pending for divorce by either party against the other in any Court.

13 **FIFTH:** That this action was commenced by filing the ❑ *Summons With Notice* **OR** ❑ *Summons and Verified Complaint* with the County Clerk on _____. Defendant was served ❑ *personally* **OR** ❑ *pursuant to Court order dated* _____ with the above stated pleadings and the Notice of Automatic Orders. Defendant ❑ *defaulted in appearance* **OR** ❑ *appeared and waived his / her right to answer* **OR** ❑ *filed an answer / amended answer withdrawing any previous pleading, and neither admitting nor denying the allegations in plaintiff's complaint, and consenting to entry of judgment.*

14 **SIXTH:** ❑ That Defendant is not in the military service of the United States of America, the State of New York, or any other state. **OR** ❑ Defendant is a member of the military service of the _____ and ❑ has appeared by affidavit and does not oppose the action **OR** ❑ is in default.

15 **SEVENTH:** ❑ There are no children of the marriage **OR** ❑ There *is/are* _____ child(ren) of the marriage. Their name(s), social security number(s), address(es) and date(s) of birth are:

Name & Social Security Number	*Date of Birth*	*Address*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16 **EIGHTH:** The grounds for divorce that are alleged in the Verified Complaint were proved as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

❑ At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior).

_____
_____
_____
_____
_____
_____
_____
_____

(Attach an additional sheet, if necessary).

Abandonment (DRL 170(2):

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____ _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____.

❑ That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____. This deprivation was without the consent of the Plaintiff and continued for a period of greater than one year.

Confinement to Prison (DRL §170(3)):

❑ That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in

_____ prison on the
Name of correctional facility

_____day of _____,____, and remained confined until the
Month *Year*

_____day of_____,____; **OR** ❑ remains confined to this date.
Month *Year*

Adultery (DRL §170(4)):

❑ That on the___ day of_____,____, at _____
Month *Year* *Lo cation*

the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separation (DRL §170(5)):

❑ (a) That the _____ Court, _____ County, _____(Country or State) rendered a decree or judgment of separation on _____, under Index Number _____; and

(b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and

(c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

❑ (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and

(b) that the *agreement / memorandum of said agreement* was filed _____ _____ in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and

(c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and

(d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

❑ That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months as stated in ❑ the Plaintiff's Affidavit or ❑ a sworn statement of Defendant.

17 **NINTH:** ❑ A sworn statement pursuant to DRL §253 that Plaintiff has taken all steps within his or her power to remove all barriers to Defendant's remarriage following the divorce was served on the Defendant.

❑ A sworn statement as to the removal of barriers to remarriage is not required because the parties were married in a civil ceremony.

❑ A sworn statement as to the removal of barriers to remarriage is not required because Defendant waived the need for the statement in his or her affidavit.

18 **TENTH**

1) If the action was commenced on or after 1/25/16, the Court has informed the unrepresented party or parties of the maintenance guideline obligation pursuant to DRL § 236(B)(6) enacted by Laws of 2015, ch.269; S 5658/A 7636-b] (the "Maintenance Guidelines Law") .

2) Check the box (**A, B, C, or D**) below, whichever applies, and then fill in the information required for that box. Only one box may be selected. If you select **Box A), Box B) or Box C**) you must fill in all of the applicable information for that box and check all the applicable boxes. Then go on to Paragraph **ELEVENTH**. If you select **Box D),** fill in the information requested in Items 1 and 2. Leave Item 3 blank for the court to fill in, and go on to Paragraph **ELEVENTH.**

==========

❑ A) Written Agreement/Stipulation

The parties have entered into a Written Agreement/Stipulation pursuant to DRL 236(B)(3) dated_____,

wherein the parties agreed that ❑ *Plaintiff* ❑ *Defendant* will receive maintenance in the sum

of $ ❑ per week

❑ bi-weekly \

❑ Semi-monthly

❑ monthly

for such period of time as set forth in the parties' agreement.

The terms of the agreement, as to maintenance, were fair and reasonable at the time of the making of the agreement, and are not unconscionable at the time of the signing of the judgment, as it relates to General Obligations Law § 5-311.

Said agreement was validly executed and complies with the requirements of subdivision 3 of Domestic Relations Law 236(B)(3).

OR

==========

❑ **B) No maintenance was awarded because**:

i) ❑ *Neither party seeks maintenance* **OR**

ii)❑ *the Guideline Award of Maintenance under the Maintenance Guidelines Law, if applicable, was zero;* **OR**

iii) ❑ *The Court has denied the request for maintenance*

(Skip the rest of Paragraph TENTH and Go on to Paragraph ELEVENTH)

OR

==========

❑**C) Court Determination Where the Action for Divorce was Commenced Before January 25, 2016**

The court has determined that ❑ *Plaintiff* ❑ *Defendant* will pay maintenance to ❑ *Plaintiff* ❑ *Defendant* in the

sum of $_____ ❑ *per week* ❑ *bi-weekly* ❑ *per month* ❑ *semi*-monthly , *for a period of*_____;

commencing on _____, and expiring on _____. In making such award, the court has considered the factors contained in DRL § 236(B)(6)(a) as it existed before January 25, 2016, which are incorporated herein by reference. The court has set forth the reasons for its decision in a writing.

==========

❑**D) Court Determination Where the Action for Divorce was Commenced on or after January 25, 2016**

1. Fill in the the following information:

(i)- The adjusted gross income of the Plaintiff is $_____ and the adjusted gross income of the Defendant is _____ per year (copy your answers from Form UD-8(1) Annual Income Worksheet Lines 1A and 1B)

(ii) The date of your marriage_____; The date your divorce action was commenced_____;
The number of years you were married to the date your divorce action was commenced : _____

(iii)The range that maintenance would be payable according to the Advisory Schedule for Duration of Award in Appendix E _____ (copy your answers from Line 4a of Maintenance Guidelines Worksheet (form UD-8(2)).

2. Check which boxes below apply:

❑ *Child Support will not be paid for children of the marriage;* ***OR*** ❑ *Child Support will be paid for children of the marriage (**Note: see page 7 of the Instructions for the definition of "children of the Marriage."***

❑ *Maintenance Payor is the custodial parent;* ***OR*** ❑ *Maintenance Payee is the custodial parent (*copy your answers from Lines 2A and 2B of the Maintenance Guidelines Worksheet.

3. Based on the foregoing, the court has determined that:

(i) ❑ *Plaintiff* ❑ *Defendant*
is the Maintenance Payor ("Maintenance Payor") under the "Maintenance Guidelines Law" pursuant to DRL § 236(B)(6) who will pay maintenance to ❑ *Plaintiff* ❑ *Defendant* (The "Maintenance Payee") in the sum of $_____ ❑ *per week* ❑ *bi-weekly*
❑ *per month* ❑ *semi*-monthly (the "Award") for a period of_____; commencing on _____, and expiring on _____.
(ii) The guideline amount of maintenance that would be payable under the Maintenance Guidelines on income of Maintenance Payor up to $192,000 is $_____per year (from Paragraph 3B of Maintenance Guidelines Worksheet). ❑The Award includes an annual award of $_____ on income of Maintenance Payor up to $192,000 per year. In computing said Award, the court ❑ *applied the Maintenance Guidelines Law;* OR ❑ *adjusted the guideline award of maintenance due under the Maintenance Guidelines Law because it is unjust and inappropriate based on one or more of the factors in DRL 236B(6)(e)(1), as follows, including the effect of a barrier to remarriage on said factors where appropriate:*

_____
_____
_____
_____
_____

(iii) **If Income of Maintenance Payor exceeds $192,000 per year:**
❑*The Award includes an award of maintenance on $_____ of Maintenance Payor's income in excess of $192,000 per year based on one or more of the factors in DRL 236B(6)(e)(1), as follows, including the effect of a barrier to remarriage on said factors where appropriate:*

_____
_____
_____
_____
_____

OR

❑ *The Award did not include any maintenance on income of Maintenance Payor in excess of $192,000 per year based on one or more of the factors in DRL 236B(6)(e)(1), as follows, including the effect of a barrier to remarriage on said factors where appropriate:* _____
_____
_____
_____
_____
_____

(iv) ❑ Since the Maintenance Payor has defaulted, and/or the court was provided with insufficient evidence, the award of maintenance was based on the needs of the Maintenance Payee or the standard of living of the parties prior to the marriage, whichever is greater.

(v) The court determined that the Award should be paid until _____. In determining how long the Award should be paid, the court considered the factors in DRL § 236(B)(6)(e)(1), and based its decision on one or more of said factors as stated below, including the effect of a barrier to remarriage on said factors where appropriate,

_____

_____

_____

In determining how long the Award should be paid, the court also ❑ *considered* ❑ *did not consider* the Advisory Schedule in DRL § 236(B)(6)(f)(1) pursuant to which the award would have been paid for _____years.

In determining how long the Award should last, the court
❑ *considered anticipated retirement assets, benefits, and retirement eligibility age of both parties* **OR**
❑ *anticipated retirement assets, benefits, and retirement eligibility age of both parties was not ascertainable;*

19 **ELEVENTH:** The minor children of the marriage now reside with ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party,* namely _____. The ❑ *Plaintiff* **OR** ❑ *Defendant* is entitled to visitation away from the custodial residence. The ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *Third Party, namely* _____ is entitled to custody. **OR** ❑ No award of custody due to the minor child(ren) of the marriage not residing in New York State. **OR** ❑ Other custody arrangement (specify)_____

_____

_____

_____

Allegations of domestic violence and/or child abuse ❑ were or ❑ were not made in this case; Where such allegations were made, the Court ❑ has found that they were supported by a preponderance of the evidence, and has set forth on the record or in writing how such findings, facts and circumstances were factored into the custody or visitation direction or ❑ has found that they were not supported by a preponderance of the evidence.

20 **TWELFTH:** Equitable Distribution and ancillary issues shall be ❑ *in accordance with the settlement agreement* **OR** ❑ *pursuant to the decision of the court* **OR** ❑ *Equitable Distribution is not an issue.*

21 **THIRTEENTH:** ❑ There *is/are* no unemancipated child(ren) of the marriage. **OR**

❑ The award of child support is based upon the following:

(A) The unemancipated children of the marriage entitled to receive support are:

Name	*Date of Birth*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(B) (1) By order of _____ Court, _____ County, *Index/Docket No.* _____ dated _____ the *Plaintiff/Defendant* was directed to pay the sum of _____ per _____ for child support. Said Order shall continue.

OR

(2) The adjusted gross income of the Plaintiff who is the ❑ *custodial* **OR** ❑ *non-custodial* parent is _____ per year , and the adjusted gross income of the Defendant who is the ❑ *custodial* **OR** ❑ *non-custodial* parent is _____ per year, and the combined parental annual income is _____. The gross incomes of the parties has been adjusted to deduct maintenance paid to, and to add maintenance received by, a party spouse. The applicable child support percentage is *17/25/29/31/35* %. The combined basic child support obligation attributable to both parents is _____ per year on combined income up to $154,000 as adjusted for low income if applicable and _____ per year on income over $154,000. The Plaintiff's pro rata share of the combined parental income is _____% and the Defendant's pro rata share of the combined parental income is _____%. The non-custodial parent's pro rata share of the child support obligation on combined income up to $154,000 is _____per year or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month*. The non-custodial parent's pro rata share of the child support obligation on combined income over $154,000 is _____ per year or _____ ❑ per week ❑ bi-weekly ❑ *semi-monthly* ❑ *per month*. The non-custodial parent's pro rata share of future health care expenses not covered by insurance is ____%. The non-custodial parent's pro rata share of reasonable child care expenses is $_____ per year or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month* or ____% . The non-custodial parent's share

of educational or extraordinary expenses for the children if any is $_____ per year or _____%.

The cost of Health Insurance premiums for the children is $_____per year or $_____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month*. The party who maintains the health insurance for the children is the ❑ *non-custodial parent* ❑ *custodial parent*.

CHECK a) or b) below:

a)❑ *The custodial parent's pro rata share of health insurance premiums for the children is $_____ per year* or $ _____❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month which will be deducted from the child support obligation if the non-custodial parent provides the health insurance for the children;*

OR

b)❑ *The non-custodial parent's pro rata share of health insurance premiums for the children is $_____ per year* or $ _____❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month. which is to be added to the basic child support obligation if the custodial parent provides the health insurance for the children.*

OR

(3) The parties entered into a *stipulation/agreement* on _____wherein the ❑ *Plaintiff* **OR** ❑ *Defendant* agrees to pay _____ ❑ *per week* **OR** ❑ bi-weekly **OR** ❑ *per month* child support ❑ *directly* **OR** ❑ *through the Support Collection Unit* to ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *Third Party, namely* _____. The parties agree to ❑ *waive* **OR** ❑ *apply* the Child Support Standards Act to combined income over $154,000. The parties have agreed that health care expenses not covered by insurance shall be paid by ❑ *Plaintiff* **OR** ❑ *Defendant* in the amount of ____% of the uncovered expenses. The parties have agreed that reasonable child care expenses shall be paid by ❑ *Plaintiff* **OR** ❑ *Defendant* to ❑ *Plaintiff* **OR** ❑ *Defendant* in the amount of $ _____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑*semi-monthly* **OR** ❑ *per month* **OR** ❑ ____% of said child care expenses. The parties have agreed that educational and extraordinary expenses and shall be paid by ❑ *Plaintiff* **OR** ❑ *Defendant* to ❑ *Plaintiff* **OR** ❑ *Defendant* in the amount of $_____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑*semi-monthly* **OR** ❑ *per month* **OR** ❑ ____% of said expenses. Said agreement reciting in compliance with DRL §2401-b(h): The parties have been advised of the Child Support Standards Act. The basic child support obligation presumptively results in the correct amount of child support. The unrepresented party, if any, has received a copy of the Child Support Standards Chart promulgated by Commissioner of Social Services pursuant to Social Services Law Section 111-I. The presumptive amount of child support attributable to the non-custodial parent is _____ _____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑*semi-monthly* **OR** ❑ *per month*. The amount of child support agreed to ❑ *conforms with the non-custodial parent's basic child support obligation* **OR** ❑ *deviates from the non-custodial parent's basic child support obligation for the following reasons:*

_____
_____
_____
_____

If the amount of child support agreed to be paid deviates from the non-custodial parent's basic child support obligation, the court finds said amount to be just and appropriate for the following reasons:

_____
_____
_____
_____

22 **FOURTEENTH:** The Plaintiff's address is _____, and social security number is _____. The Defendant's address is _____ _____, and social security number is _____.

23 ❑ There are no unemancipated children of the marriage. OR

❑ There are no health plans available to the parties through their employment. OR

❑ The parties are covered by the following group health plans through their employment:

Plaintiff	Defendant
Group Health Plan:_____	Group Health Plan:_____
Address:_____	Address:_____
Identification Number:_____	Identification Number:_____
Plan Administrator:_____	Plan Administrator:_____
Type of Coverage:_____	Type of Coverage:_____

❑ *The parties have agreed or stipulated* OR ❑ *the court has determined* that the ❑ *Plaintiff* OR ❑ *Defendant* shall be the legally responsible relative and that the unemancipated child(ren) shall be enrolled in *his / her* group health plan as specified above *until the age of 21 years* OR *until the child(ren) is / are sooner emancipated.*

24 FIFTEENTH: The _____ Court entered the following order(s) under Index No(s). / Docket No(s).:_____

_____ ❑Not Applicable

25 **SIXTEENTH:** ❑ *Plaintiff* OR ❑ *Defendant* may resume use of the prior surname:

_____.

26 **SEVENTEENTH:** Compliance with DRL § 255 (1) and (2) has been satisfied as follows:

A) ❑ The parties entered into a Stipulation of Settlement/Agreement dated _____

AND:

1. ❑ the stipulation of settlement complies with the requirements of DRL § 255 (2).

or

2. ❑ the parties entered into an addendum to the stipulation of settlement/agreement which complies with the requirements of DRL § 255 (2).

B) ❑ There is no stipulation of settlement/agreement

==========

1. ❑ each party has been provided notice as required by DRL § 255(1)

or

2. ❑ the plaintiff has been notified pursuant to DRL § 255(1). Notice to the defendant cannot be effectuated due to the defendant's whereabouts being unknown. Since the cost of publication would present an undue burden, notice to the defendant is hereby dispensed with.

EIGHTEENTH: Where applicable, registry checks were completed pursuant to DRL §240 1 (a-1)**.**

27 **NINETEENTH:**

The Judgment of Divorce incorporates all ancillary issues, including the payment of counsel and experts' fees and expenses, which issues:
❑ were settled by written settlement/separation agreement
❑ were settled by oral settlement/ stipulation on the record
❑ were determined by the Court
❑ were determined by Family Court order (custody and visitation or child support and/or spousal support issues only)
❑ are not to be incorporated into the Judgment of Divorce, in that neither party to the divorce has contested any such issues based on the Affidavit of Plaintiff (which Defendant has not contested).

28 **TWENTIETH:** The Court or the Support Collection Unit (where a party is currently receiving child support services or an application has been made for such services) shall issue an income deduction order or an income execution simultaneously herewith unless either of the following boxes is checked;

❑ an agreement providing for an alternative arrangement has been reached between the parties

or ❑ for the following reason(s) which the court finds to constitute good cause pursuant to DRL 240(2) (b):

[specify]:_____

_____

_____

_____

CONCLUSIONS OF LAW

FIRST: Residency as required by DRL § 230 has been satisfied.

SECOND: The requirements of DRL § 255 have been satisfied.

THIRD: The requirements of DRL § 240 1 (a) including the Records Checking Requirements in DRL § 240 1 (a-1) have been satisfied.

FOURTH: The requirements of DRL § 240 (1-b) have been satisfied.

FIFTH: The requirements of DRL § 236(B)(2)(b) have been satisfied.

SIXTH: The requirements of DRL § 236(B)(6) have been satisfied.

SEVENTH: If DRL §170 subd. (7) is the ground alleged, then all economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage have been resolved by the parties or determined by the court and incorporated into the judgment of divorce.

29 **EIGHTH:** ❑ *Plaintiff* **OR** ❑ *Defendant* is entitled to a judgment of divorce on the ground of DRL §170 subd._____ and granting the incidental relief awarded.

30 Dated:_____ _____

J.S.C./Referee

1 At the *Matrimonial/IAS* Part _____ of New York State Supreme Court at
2 the Courthouse, _____
3 County, on _____.

Present:
4 Hon. *Justice/Referee*
----------X
5
6 Index No.:
Plaintiff, Calendar No.:
-against- Social Security No.:

JUDGMENT OF DIVORCE
7
Defendant.
----------X

EACH PARTY HAS A RIGHT TO SEEK A MODIFICATION OF THE CHILD SUPPORT ORDER UPON A SHOWING OF: (I) A SUBSTANTIAL CHANGE IN CIRCUMSTANCES; OR (II) THAT THREE YEARS HAVE PASSED SINCE THE ORDER WAS ENTERED, LAST MODIFIED OR ADJUSTED; OR (III) THERE HAS BEEN A CHANGE IN EITHER PARTY'S GROSS INCOME BY FIFTEEN PERCENT OR MORE SINCE THE ORDER WAS ENTERED, LAST MODIFIED, OR ADJUSTED; HOWEVER, IF THE PARTIES HAVE SPECIFICALLY OPTED OUT OF SUBPARAGRAPH (II) OR (III) OF THIS PARAGRAPH IN A VALIDLY EXECUTED AGREEMENT OR STIPULATION, THEN THAT BASIS TO SEEK MODIFICATION DOES NOT APPLY.

8 **THE FOLLOWING NOTICE IS ❑ *APPLICABLE* OR ❑ *NOT APPLICABLE***

NOTICE REQUIRED WHERE PAYMENTS THROUGH SUPPORT COLLECTION UNIT

NOTE:

(1) THIS ORDER OF CHILD SUPPORT SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE

COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION TWO HUNDRED FORTY-B OF THE DOMESTIC RELATIONS LAW, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

9 This action was submitted to ❑ *the referee* **OR** ❑ *this court* for ❑ *consideration* this ____ day of _____ **OR** for ❑ *inquest* on this _____ day of _____.

10 The Defendant was served ❑ *personally* **OR** ❑ pursuant *to court order dated* _____ ❑ *within* **OR** ❑ *outside* the State of New York.

11 Plaintiff presented a ❑ *Verified Complaint and Affidavit of Plaintiff constituting the facts of the matter* **OR** ❑ *Summons With Notice and Affidavit of Plaintiff constituting the facts of the matter.*

12 The Defendant has ❑ *not appeared and is in default* **OR** ❑ *appeared and waived his or her right to answer* **OR** ❑ *filed an answer or amended answer withdrawing any prior pleadings and neither admitting nor denying the allegations in the complaint and consenting to the entry of judgment* **OR** ❑ *the parties settled the ancillary issues by* ❑ *written stipulation* **OR** ❑ *oral stipulation on the record dated* _____.

13 The Court accepted ❑ *written* **OR** ❑ *oral* proof of non-military status.

14 The Plaintiff's address is _____, and social security number is _ _____. The Defendant's address is _____, and social security number is _____.

15 Now on motion of _____, the ❑ *attorney for Plaintiff* **OR** ❑ *Plaintiff*, it is:

16 **ORDERED AND ADJUDGED** that the Referee's Report, if any, is hereby confirmed; and it further

17 **ORDERED, ADJUDGED AND DECREED** that the application of plaintiff is hereby granted to dissolve the marriage between_____, plaintiff, and _____, defendant, by reason of:

❑ (a) the cruel and inhuman treatment of ❑ *Plaintiff by Defendant* **OR** ❑ *Defendant by Plaintiff* pursuant to D.R.L. §170(1); and/or

❑ (b) the abandonment of ❑ *Plaintiff* **OR** ❑ *Defendant* by ❑ *Plaintiff* **OR** ❑ *Defendant,* for a period of one or more years, pursuant to D.R.L. §170(2); and/or

❑ (c) the confinement of ❑ *Plaintiff* **OR** ❑ *Defendant* in prison for a period of three or more consecutive years after the marriage of Plaintiff and Defendant, pursuant to D.R.L. §170(3); and/or

❑ (d) the commission of an act of adultery by ❑ *Plaintiff* **OR** ❑ *Defendant,* pursuant to D.R.L. §170(4); and/or

❑ (e) the parties having lived separate and apart pursuant to a decree or judgment of separation dated _____ for a period of one or more years after the granting of such decree or judgment, pursuant to D.R.L. §170(5); and/or

❑ (f) the parties having lived separate and apart pursuant to a Separation Agreement dated _____ in compliance with the provisions of D.R.L. §170(6); and/or

❑ (g) the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months pursuant to D.R.L. §170(7); and

18 **The requirements of D.R.L. §240 1(a-1) have been met and the Court having considered the results of said inquiries, it is**

ORDERED AND ADJUDGED that ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:* _____shall have custody of the minor child(ren) of the marriage, i.e.:

19

Name	Date of Birth	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OR ❑ *There are no minor children of the marriage*; and

20 **The requirements of D.R.L. §240 1 (a-1) have been met and the Court having considered the results of said inquires, it is**

ORDERED AND ADJUDGED that ❑ *Plaintiff* **OR** ❑ *Defendant* shall have visitation with the minor child(ren) of the marriage ❑ *in accordance with the parties' settlement agreement* **OR** ❑ *according to the following schedule*: _____

_____

_____

OR ❑ *Visitation is not applicable*; and it is further

21 **ORDERED AND ADJUDGED** that the existing _____ County, _____ Court order(s) under ❑ *Index No..*_____ **OR** ❑ *Docket No.*_____ as to ❑ *custody* **OR** ❑ *visitation* shall continue; **OR** ❑ *There are no court orders with regard to custody or visitation to be continued*; and it is further

22 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:*_____, as and for the support of the parties' unemancipated children of the marriage, the sum of $_____ ___ per_____, pursuant to an existing order issued by the _____ County, _____ Court, under ❑ *Index* **OR** ❑ *Docket* Number _____, the terms of which are hereby continued.

OR ❑ *There are no orders from other courts to be continued*; and it is further

23 **ORDERED AND ADJUDGED** that:

A) ❑ Pursuant to the ❑ *agreement of the parties* ❑ *Court's decision*

the ❑ *Plaintiff* ❑ *Defendant* shall pay to ❑ *Plaintiff* ❑ *Defendant*

the sum of $_____ as ❑ *per week* ❑ *bi-weekly* ❑ *semi-monthly* ❑ monthly and for maintenance:

❑ *payments to be made as set forth in the agreement;*

❑ *commencing on the ____ day of _____,____, and continuing until the ____ day of _____,____;*
month year *month year*

Payment shall be ❑ *a direct payment,*
❑ *by an Income Deduction Order issued simultaneously herewith;*

==========**OR**==========

B) ❑ *that there is no award of maintenance per the court's decision;*
❑ *that there is no request for maintenance;*
❑ *that the guideline award of maintenance under the Maintenance Guidelines Law (L.2015 c. 269), if applicable, was zero.*
and it is further;

==========**OR**==========

C) Pursuant to the court's decision for cases commenced before 1/25/16
the ❑ *Plaintiff* ❑ *Defendant* shall pay to ❑ *Plaintiff* ❑ *Defendant*

the sum of ❑ *$ _____ per week;* ❑ *$ _____bi-weekly;* ❑ *$_____semi-monthly* ❑ *$_____per month*

as and for maintenance

commencing on the ____ day of _____,____, and continuing until the ____ day of _____,____; month year

Payment shall be ❑ *a direct payment,* ❑ *by an Income Deduction Order issued simultaneously herewith;*

==========**OR**==========

D) Pursuant to the court's decision for cases commenced on or after 1/25/16
the ❑ *Plaintiff* ❑ *Defendant* shall pay to
❑ *Plaintiff* ❑ *Defendant*
the sum of ❑ *$ _____ per week;* ❑ *$ _____bi-weekly;* ❑ *$_____semi-monthly* ❑ *$_____per month*

as and for maintenance (the "Award") *commencing on the ____ day of _____,____, and continuing until the ____ day of _____,____; month year*

Payment shall be ❑ a direct payment,
❑ by an Income Deduction Order issued simultaneously herewith;

The guideline award of maintenance under the Maintenance Guidelines Law is $_____

For the reasons stated in the Findings of Fact and Conclusions of Law, which are incorporated here in by
reference: (Check the applicable boxes:)

❑ *The Award includes an award on income of maintenance payor up to $192,000 per year. In computing said award, the Court applied the Maintenance Guidelines Law (L.2015, c.269) ;* **OR** ❑ *the court adjusted the guideline award of maintenance due under the Maintenance Guidelines Law because it is unjust and inappropriate.*

❑ *The Award includes maintenance on income of maintenance payor in excess of $192,000 per year* **OR** ❑ *The Award does not include maintenance on income of maintenance payor in excess of $192,000 per year.*

24 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:* _____, **OR** ❑ *because a party is already receiving child support services or an application has been made for such services, through the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363;* as and for the support of the parties' unemancipated child(Ren) of the marriage, namely:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

the sum of $_____ ❑ *per week* **OR** ❑ *bi-weekly* **OR** ❑ *semi-monthly* ❑ *per month,* commencing on _____, and to be paid ❑ *directly to* ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:*_____, **OR** ❑ *through the NYS Child Support Processing Center, PO Box 15363, Albany, NY 12212-5363,* together with such dollar amounts or percentages for ❑ *child care* **OR** ❑ *education* **OR** ❑ *health care* as set forth below in accordance with ❑ *the Court's decision* **OR** ❑ *the parties' Settlement Agreement.*
OR ❑ *This section is not applicable because there are no unemancipated children of the marriage;*

Such Settlement Agreement, if applicable, is in compliance with D.R.L. §240(1-b)(h) because:

The parties have been advised of the provisions of D.R.L. Sec. 240(1-b); the unrepresented party, if any, has received a copy of the Child Support Standards Chart promulgated by the Commissioner of Social Services pursuant to Social Services Law Sec. 111-I;

the basic child support obligation, as defined in D.R.L. Sec. 240(1-b), presumptively results in the correct amount of child support to be awarded, and the agreed upon amount substantially conforms to the basic support obligation attributable to the non-custodial parent;

the amount awarded is neither unjust nor inappropriate, and the Court has approved such award through the Findings of Fact and Conclusions of Law;

OR

The basic support obligation, as defined in DRL Sec. 240 (1-b), presumptively results in the correct amount of child support to be awarded, and the amount attributable to the non-custodial parent is $_____ per _____;

the amount of child support agreed to in this action deviates from the amount attributable to the non-custodial parent, and the Court has approved of such agreed-upon amount based upon the reasons set forth in the Findings of Fact and Conclusions of Law, which are incorporated herein by reference;

OR ❑ *This provision is not applicable*; and it is further

ORDERED AND ADJUDGED that,
if maintenance is to be paid pursuant to this Judgment of Divorce, then, subject to the terms of DRL 240(1-b), upon termination of the maintenance award, the amount of child support payable shall be adjusted, without prejudice to either party's right to seek a modification pursuant to DRL 236 (B)(9)(2); and it is further

25 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:*_____and for reasonable child care expenses pursuant to ❑ *written agreement of the parties* ***OR*** ❑ *the court's decision*, the amount of $_____ per year or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month*.

OR ❑ *Not applicable*; and it is further

26 **ORDERED AND ADJUDGED**

1- that ❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:* _____,**OR** ❑ *through the Support Collection Unit (because a party is currently receiving child support services or an application has been made for such services)* as and for non-custodial parent's pro rata share of future health care expenses not

covered by insurance,_____% of such expenses pursuant to ❑ written agreement of the parties **OR** ❑ the court's decision

OR ❑ *Not applicable*;

2- Check which box or boxes apply:

a) ❑ ***if the custodial parent provides the health insurance for the children:***

❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑ *Plaintiff* **OR** *Defendant* **OR** ❑*third party, namely:* _____,**OR** ❑ *through the Support Collection Unit (because a party is currently receiving child support services or an application has been made for such services)*as and for ❑ *The non-custodial parent's pro rata share of health insurance premiums for the children , $_____ per year* or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month* ***OR***

b) ❑ ***if the non-custodial parent provides the health insurance for the children:*** *The custodial parent's pro rata share of health insurance premiums for the children, $_____ per year* or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month will be deducted from the child support obligation.*

3- ❑ *Plaintiff* **OR** ❑ *Defendant* shall apply to the state sponsored health insurance plan for coverage for the unemancipated children of the marriage. The costs shall be allocated pursuant to ❑ written agreement of the parties **OR** ❑ the court's decision **OR** ❑ *Not applicable*; and it is further

27 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* shall pay to ❑*Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *third party, namely:* _____**OR** ❑ *through the Support Collection Unit (because a party is currently receiving child support services or an application has been made for such services)* ❑For education or extraordinary expenses of the children *$_____ per year* or _____ ❑ *per week* ❑ *bi-weekly* ❑*semi-monthly* ❑ *per month or _____% of such expenses* pursuant to ❑ written agreement of the parties **OR** ❑ the court's decision ***OR*** ❑ *Not applicable*; and it is further

28 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* is hereby awarded exclusive occupancy of the marital residence located at_____ _____, together with its contents until further order of the court, **OR** ❑ as follows: _____ _____ _____; **OR** ❑ *Not applicable*; and it is further

29 **Fill in Box A or Box B, whichever, applies:**

A. ❑ **ORDERED AND ADJUDGED** that the Settlement Agreement entered into between the parties on the day of , ❑ *an original* **OR** ❑ *a transcript* of which is on file with this Court and incorporated herein by reference, shall survive and shall not be merged into this judgment, and the parties are hereby directed to comply with all legally enforceable terms and conditions of said agreement as if such terms and conditions were set forth in their entirety herein;

OR

B. ❑ There is no Settlement Agreement entered into between the parties;

and it is further

ORDERED AND ADJUDGED, that the Supreme Court shall retain jurisdiction to hear any applications to enforce the provisions of said Settlement Agreement, if any, or to enforce or modify the provisions of this judgment, provided the court retains jurisdiction of the matter concurrently with the Family Court for the purpose of specifically enforcing, such of the provisions of that (separation agreement)(stipulation agreement, if any), as are capable of specific enforcement, to the extent permitted by law, and of modifying such judgment with respect to maintenance, support, custody or visitation to the extent permitted by law , or both; and it is further

ORDERED AND ADJUDGED, that any applications brought in Supreme Court to enforce the provisions of said Settlement Agreement, if any, or to enforce or modify the provisions of this Judgment shall be brought in a County wherein one of the parties reside; provided that if there are minor children of the marriage, such applications shall be brought in a County wherein one of the parties or the child or children reside, except, in the discretion of the judge, for good cause. Good cause applications shall be made by motion or order to show cause. Where the address of either party and any child or children is unknown and not a matter of public record, or is subject to an existing confidentiality order pursuant to DRL § 254 or FCA § 154-b, such applications may be brought in the County where the Judgment was entered; and it is further

30 **ORDERED AND ADJUDGED** that pursuant to the ☐ *parties' Settlement Agreement dated*_____ **OR** ☐ *the court's decision after trial,* all parties shall duly execute all documents necessary to formally transfer title to real estate or co-op shares to the ☐ *Plaintiff* **OR** ☐ *Defendant* as set forth in the ☐ *parties' Settlement Agreement* **OR** ☐ *the court's decision after trial*, including, without limitation, an appropriate deed or other conveyance of title, and all other forms necessary to record such deed or other title documents (including the satisfaction or refinance of any mortgage if necessary) to convey ownership of the marital residence located at _____, no later than _____; **OR** ☐ *Not applicable;* and it is further

31 **ORDERED AND ADJUDGED** that a separate Qualified Medical Child Support Order shall be issued simultaneously herewith **OR** ❑ Not applicable; and it is further

32 **ORDERED AND ADJUDGED** that, pursuant to the ❑ *parties' Settlement Agreement* **OR** ❑ *the court's decision*, a separate Qualified Domestic Relations Order shall be issued simultaneously herewith or as soon as practicable **OR** ❑ *Not applicable*; and it is further

33 **ORDERED AND ADJUDGED** that, ❑ *pursuant to the Court's decision* **OR** ❑ *pursuant to the parties' agreement,* the Court Court or the Support Collection Unit (where a party is currently receiving child support services or an application has been made for such services) shall issue an income deduction order simultaneously herewith **OR** ❑ Not applicable because the Court has made a finding in the Findings of Fact and Conclusions of Law that alternative arrangements have been made between the parties, or that good cause exists not to require such an order; and it is further

34 **ORDERED AND ADJUDGED** that both parties are authorized to resume the use of any prior surname, and it is further

35 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* is authorized to resume use of the prior surname _____; and it is further

36 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* is hereby awarded counsel and/or expert's fees as follows:

_____

_____**OR** ❑ *Not applicable*; and it is further

37 **ORDERED AND ADJUDGED** that ❑ *Plaintiff* **OR** ❑ *Defendant* shall be served with a copy of this judgment, with notice of entry, by the ❑ *Plaintiff* **OR** ❑ *Defendant*, within _____ days of such entry; and it is further

38 **ORDERED AND ADJUDGED** that if either Plaintiff or Defendant requests or is receiving child support services, then ❑ *Plaintiff* **OR** ❑ *Defendant* **OR** ❑ *both Plaintiff and Defendant* (*if both are requesting or receiving child suppport services),* shall send a copy of their own Application for Child Support Services together with a copy of the completed Support Collection Information Sheet (Form UD-8a) and a copy of this signed Judgment of Divorce (UD-11) to the local Support Collection Unit in the county where he or she resides within twenty (20) days after this judgment of divorce is entered.

39 Dated:

ENTER:

_____

J.S.C./Ref

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------x

Plaintiff,

Index No. _____

-against-

PART 130
CERTIFICATION

Defendant.
----------x

CERTIFICATION: I hereby certify that all of the papers that I have served, filed or submitted to the court in this divorce action are not frivolous as defined in subsection (c) of Section 130-1.1 of the Rules of the Chief Administrator of the Courts.

Dated: _____

_____
SIGNATURE
Print or type name below signature

UNCONTESTED MATRIMONIAL
REQUEST FOR JUDICIAL INTERVENTION

UD-13
(rev. 5/2011)

For Court Clerk Use Only:
IAS Entry Date
Judge Assigned
RJI Date

_____COURT, _____COUNTY

Index No: _____ **Date Index Issued:**_____/_____/_____

CAPTION: Enter the complete case caption. Do not use et al or et ano.

Plaintiff

-against-

Defendant

STATUS OF ACTION OR PROCEEDING: Answer YES or NO, and provide additional information where indicated.

	YES	NO	
Has a summons been filed?	☐	☐	If yes, date filed: _____/_____/_____
Has a summons been served?	☐	☐	If yes, date served: _____/_____/_____
Are there children of the marriage under the age of 18?	☐	☐	If yes, complete and attach the **MATRIMONIAL RJI Addendum (UCS-840M).**

NATURE OF JUDICIAL INTERVENTION: **EX PARTE APPLICATION FOR THE DISSOLUTION OF MARRIAGE**

ADDITIONAL RELIEF: Check all that apply

☐ Poor Person Application
☐ Application for Alternate Service
☐ Other (specify): _____

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties List party names.	Attorneys Provide attorney name, firm name, business address, phone number and e-mail address.	Issue Joined (Y/N):
☐	**Name:** **Role: PLAINTIFF**		**N/A**
☐	**Name:** **Role: DEFENDANT**		☐ **YES** ☐ **NO**

RELATED CASES: List any related cases, include any related criminal and/or Family Court cases.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: _____/_____/_____

_____
SIGNATURE

_____
ATTORNEY REGISTRATION NUMBER

_____
PRINT OR TYPE NAME

Print Form

UCS-840M
3/2011

MATRIMONIAL Request for Judicial Intervention Addendum

Supreme _____ COURT, COUNTY OF _____ INDEX NO. _____

For use when there are children under the age of 18 who are subject to the matrimonial action.

Plaintiff

Last Name: _____ First Name: _____ Date of Birth: _____

Prior Names (List any other names used, including maiden and/or former married names): Gender: ◯ Male ◯ Female

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Last Name: _____ First Name: _____

Present Address: _____ New York
(Street Address) (City) (State) (Zip)

Address History for past 3 years: _____
(Street Address) (City) (State) (Zip)

_____
(Street Address) (City) (State) (Zip)

_____
(Street Address) (City) (State) (Zip)

Defendant

Last Name: _____ First Name: _____ Date of Birth: _____

Prior Names (List any other names used, including maiden and/or former married names): Gender: ◯ Male ◯ Female

Last Name: _____ First Name: _____
Last Name: _____ First Name: _____
Last Name: _____ First Name: _____

Present Address: _____ New York
(Street Address) (City) (State) (Zip)

Address History for past 3 years: _____
(Street Address) (City) (State) (Zip)

_____
(Street Address) (City) (State) (Zip)

_____
(Street Address) (City) (State) (Zip)

Children

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: ◯ M ◯ F

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------X

Index No.:_____

Plaintiff.

-against-

NOTICE OF ENTRY

Defendant.
----------X

PLEASE TAKE NOTICE that the attached is a true copy of a judgment of divorce in this matter that was entered in the Office of the County Clerk of _____ County, on the _____ day of _____.

Dated:_____

_____
‘ *Plaintiff* **OR** ‘ *Attorney(s) for Plaintiff*

_____
_____
_____
_____
Address

TO:

_____
‘ Defendant **OR** ‘ Attorney *for Defendant*

_____
_____
_____
_____
Address

(Form UD-14 - Rev. 5/99)

STATE OF NEW YORK SUPREME COURT
COUNTY OF _____

Index No.
RJI No.:

Plaintiff,

AFFIDAVIT OF SERVICE BY MAIL OF JUDGMENT OF DIVORCE WITH NOTICE OF ENTRY

- against -

Defendant.

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

_____, residing at _____, being sworn, says, I am not a party to the action, and am over 18 years of age.

On _____, I served a copy of the Judgment of Divorce with Notice of Entry upon the Defendant by mailing a true copy of such papers enclosed and properly sealed in an envelope which I deposited in an official United States Post Office depository under the exclusive care and custody of the United States Postal Service addressed to:

_____

_____

_____.

Dated: _____

Server's Signature: _____

Print Name: _____

SWORN to before me on this

____ day of _____, 20____.

_____
NOTARY PUBLIC

(UD-15 Eff. 1/25/16)

LOCAL INDEX NUMBER

STATE FILE NUMBER

New York State
Department of Health
CERTIFICATE OF DISSOLUTION OF MARRIAGE

TYPE, OR PRINT IN PERMANENT BLACK INK

Wife/Husband/Spouse

1A. NAME: FIRST MIDDLE LAST | 1B. BIRTH NAME, IF DIFFERENT | 1C. SOCIAL SECURITY NUMBER

2A. DATE OF BIRTH Month Day Year | 2B. STATE OF BIRTH (COUNTRY IF NOT USA) | 3. SEX (Optional) | 4A. RESIDENCE: STATE | 4B. COUNTY | 4C. LOCALITY (CHECK ONE AND SPECIFY) ☐ CITY OF ☐ TOWN OF ☐ VILLAGE OF

4 ___ 4D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) | 4E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☐ IF NO, SPECIFY TOWN:

5A. ATTORNEY - NAME | 5B. ADDRESS (INCLUDE ZIP CODE)

Wife/Husband/Spouse

6A. NAME: FIRST MIDDLE LAST | 6B. BIRTH NAME, IF DIFFERENT | 6C. SOCIAL SECURITY NUMBER

9 ___ 7A. DATE OF BIRTH Month Day Year | 7B. STATE OF BIRTH (COUNTRY IF NOT USA) | 8. SEX (Optional) | 9A. RESIDENCE: STATE | 9B. COUNTY | 9C. LOCALITY (CHECK ONE AND SPECIFY) ☐ CITY OF ☐ TOWN OF ☐ VILLAGE OF

9D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) | 9E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☐ IF NO, SPECIFY TOWN:

10A. ATTORNEY - NAME | 10B. ADDRESS (INCLUDE ZIP CODE)

11 ___ 11A. PLACE OF THIS MARRIAGE - CITY, TOWN OR VILLAGE | 11B. COUNTY | 11C. STATE (COUNTRY IF NOT USA)

12A. DATE OF THIS MARRIAGE Month Day Year | 12B. APPROXIMATE DATE COUPLE SEPARATED Month Year | 13A. NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (SPECIFY) | 13B. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY (SPECIFY)

DECREE

15 ___ 14A. I CERTIFY THAT A DECREE OF DISSOLUTION OF THE ABOVE MARRIAGE WAS RENDERED ON Month Day Year | 14B. DATE OF ENTRY: Month Day Year | 14C. TYPE OF DECREE - DIVORCE, ANNULMENT, OTHER DISSOLUTION (SPECIFY)

14D. COUNTY OF DECREE | 14E. TITLE OF COURT

23 ___ 14F. SIGNATURE OF COUNTY CLERK

>

CONFIDENTIAL INFORMATION

Wife/Husband/Spouse

24 ___ 15. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) | 16. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY) | 17. IF PREVIOUSLY MARRIED HOW MANY ENDED BY: A. DEATH NUMBER ___ NONE ☐ B. DIVORCE OR ANNULMENT NUMBER ___ NONE ☐ | 18. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY — ELEMENTARY 0 1 2 3 4 5 6 7 8 (00 01 02 03 04 05 06 07 08) HIGH SCHOOL 1 2 3 4 (09 10 11 12) COLLEGE 1 2 3 4 5+ (13 14 15 16 17)

Wife/Husband/Spouse

25 ___ 19. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) | 20. NUMBER OF THIS MARRIAGE - FIRST, SECOND, ETC. (SPECIFY) | 21. IF PREVIOUSLY MARRIED HOW MANY ENDED BY: A. DEATH NUMBER ___ NONE ☐ B. DIVORCE OR ANNULMENT NUMBER ___ NONE ☐ | 22. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY — ELEMENTARY 0 1 2 3 4 5 6 7 8 (00 01 02 03 04 05 06 07 08) HIGH SCHOOL 1 2 3 4 (09 10 11 12) COLLEGE 1 2 3 4 5+ (13 14 15 16 17)

QR ___ 23. PLAINTIFF: | 24. DECREE GRANTED TO: | 25. LEGAL GROUNDS FOR DECREE (SPECIFY)

QS ___ 26. SIGNATURE OF PERSON PREPARING CERTIFICATE

> ATTORNEY AT LAW

NOTE: Social Security Numbers of the parties to the marriage are mandatory. They are required by New York State Public Health Law Section 4139 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

SUPREME COURT : COUNTY OF _____

_____vs. _____ Index No. _____

- ☐ **Submitted divorce papers insufficient. Please go to the Court Clerk's Office to review papers for corrections and bring *new* self-addressed stamped post card.**
- ☐ **Judgment of Divorce signed _____. You may go to the County Clerk's Office to obtain a certified copy of the judgment.**
- ☐ **Judgment of Divorce signed. Please call _____ for instructions on how to retrieve your papers for filing with the County Clerk's Office.**

Post Card - Matrimonial Action.

Instructions: Complete, affix postage and give to Matrimonial Clerk with divorce papers. Be sure to indicate your name and address on the reverse side of the post card.

CHILD SUPPORT SUMMARY FORM
SUPREME COURT

COMPLETE FORM FOR EACH BASIC CHILD SUPPORT OBLIGATION ORDER[1]

A. Court: ☐ Supreme

B. County: _____

C. Index #:_____

D. Date Action Commenced:

_____/_____/_____

E. Date Judgment/Order Submitted or Signed:

_____/_____/_____

F. # Of Children Subject to Child Support Order:

_____

G. Annual Gross Income Adjusted for Maintenance:

1. Plaintiff: $ _____ Defendant: $ _____

H. Amount of Child Support Payment:

1. By Plaintiff: $ _____ annually
2. By Defendant: $ _____ annually

I. Additional Child Support:
(Circle as many as appropriate)

By Plaintiff:	By Defendant:
1. Medical/Med. Ins.	1. Medical/Med. Ins.
2. Child Care	2. Child Care
3. Education	3. Education
4. Other	4. Other

J. Did the court make a finding that the child support award varied from the Child Support Standards Act amount? (Circle one)

1. Yes 2. No

K. If answer to "J" was yes, circle court's reason(s):

1. Financial resources of parents/child.
2. Physical/emotional health of child: special needs or aptitudes.
3. Child's expected standard of living had household remained intact.
4. Tax consequences.
5. Non-monetary contribution toward care and well-being of child.
6. Educational needs of either parent.
7. Substantial differences in gross income of parents.
8. Needs of other children of non-custodial parent.
9. Extraordinary visitation expenses of non-custodial parent.
10. Other (specify):

_____
_____
_____

L. Maintenance/Spousal Support: (Circle one)

1. None 2. By Plaintiff 3. By Defendant

M. Value of Maintenance/Spousal Support:

$_____ annually

SUPREME COURT ONLY

N. Allocation of Property:

_____% To Plaintiff _____% To Defendant

[1] Defined by FCA 413(2) and DRL §240(1-b)(b)(2): "Child Support" shall mean a sum to be paid pursuant to court order or decree by either or both parents or pursuant to a valid agreement between the parties for care, maintenance and education of any unemancipated child under the age of twenty-one years.

NEW YORK STATE UNIFIED COURT SYSTEM
SUPPORT SUMMARY FORM: FAMILY & SUPREME COURT

INSTRUCTION SHEET

Prepare one report for each proposed judgment or final order granted pursuant to Article 4 or 5 of the Family Court Act and DRL §240 and §236 B(9)(b) which includes a provision for child support (including modification of order).

SUBMIT COMPLETED FORM TO:

Office of Court Administration
Office of Court Research
25 Beaver Street, Room 975
New York, New York 10004

GENERAL INSTRUCTIONS: → **ALL ITEMS MUST BE ANSWERED**

- If a number or amount in dollars is required and the answer is none, write 0.
- If a certain item is not applicable, write NA.
- If the information is unknown or not known to the party filling out the form, write UK.
- "mm/dd/yy" means "month/day/year".

SPECIAL INSTRUCTIONS FOR PARTICULAR ITEMS:

G. Use gross income figures from the last complete calendar year. Include maintenance received from a party spouse as income and deduct maintenance paid to a party spouse from income, but do not include child support.

H. If the child support award is calculated weekly, multiply it by 52 for the annual amount; if biweekly, multiply it by 26, if semi-monthly, multiply it by 24, if monthly, multiply it by 12.

M. If the maintenance award is calculated weekly, multiply it by 52 for the annual amount; if biweekly, multiply it by 26; if semi-monthly, multiply it by 24_, if monthly, multiply it by 12. If the maintenance award calls for decreasing or increasing amounts (for example, a certain amount for five years and half that amount for another three years), then provide the average of the awards (total amount for all years divided by the number of years).

NOTE: THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY. IT WILL NOT BE RETAINED IN THE CASE FILE.

SUPPLEMENTAL
APPENDIX
OF
FORMS

Part A

Important Notice

If you are issuing a Non-IV-D Income Withholding Order for child support or combined child and spousal support, you must serve the completed **LDSS-5037** as follows:

- **Part A:** serve **only** upon the NYS Child Support Processing Center (SDU), PO Box 15363, Albany, NY 12212-5363.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor;
  3. custodial party/obligee; and
  4. NYS Child Support Processing Center (SDU)
     PO Box 15363, Albany, NY 12212-5363.

Note: DO NOT fill out this IWO if a party is already receiving child support services or wishes to apply at this time.

Court Information

□ Family Court: _____ County □ Supreme Court: _____ County	Order ID (Index/Docket Number)

Employee/Obligor Information

Name (Last, First, Middle)	
Mailing Address	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /

Custodial Party/Obligee Information

Name (Last, First, Middle)	
Mailing Address	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /

Page intentionally left blank.

LDSS-5037 (8/18)

Part B

INCOME WITHHOLDING FOR SUPPORT

- ☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
- ☐ **AMENDED IWO**
- ☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**
- ☐ **TERMINATION OF IWO** **Date:** _____

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____
City/County/Dist./Tribe _____ Order ID _____
Private Individual/Entity _____ Case ID _____

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____

Employer/Income Withholder's FEIN_____

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Employee/Obligor's Date of Birth

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ORDER INFORMATION: This document is based on the support order from New York State. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$ _____ Per_____ current child support
$ _____ Per_____ past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No
$ _____ Per_____ current cash medical support
$ _____ Per_____ past-due cash medical support
$ _____ Per_____ current spousal support
$ _____ Per_____ past-due spousal support
$ _____ Per_____ other (must specify) _____

for a **Total Amount to Withhold** of **$**_____per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ _____ per weekly pay period $_____ per semimonthly pay period (twice a month)
$ _____ per biweekly pay period (every two weeks) $_____ per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID_____

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name:_____ SSN:_____
Case Identifier: _____ Order Identifier: _____

***REMITTANCE INFORMATION**:* If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold ____% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID with the payment and if necessary this locator code: _____.

Remit payment to NYS Child Support Processing Center (SDU)
at PO Box 15363, Albany, NY 12212-5363

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official:_____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.
☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (https://ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name:_____ SSN:_____
Case Identifier: _____ Order Identifier: _____

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure, together with interest and reasonable attorney's fees. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500 for the first instance and $1,000 per instance for the second and subsequent instances of noncompliance.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed $500 for the first instance and $1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673(b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - - to 55% and 65% - - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears Greater Than 12 weeks? If the ***Order Information*** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: (1) **PART A** of this form contains sensitive information and must be served **only** upon the NYS Child Support Processing Center (SDU); **PART B**, which consists of 4 pages, must be served upon the SDU, employer/income withholder, employee/obligor, and custodial party/obligee. (2) Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *Remittance Information,* above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or non-employee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name:_____ SSN:_____
Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's name:_____

New employer's address:_____
_____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by e-mail or website:_____ .

Send termination/income status notice and other correspondence to:_____

_____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by telephone:_____, by fax: _____, by e-mail or website: _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995
This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Part A

Important Notice

If you are issuing a Spousal Support Only Income Withholding Order, you must serve the completed **LDSS-5038** as follows:

- **Part A:** serve **only** upon the employer/income withholder.
- **Part B:** serve upon **all** of the following:
  1. employer/income withholder;
  2. employee/obligor; and
  3. obligee.

Court Information

☐ Family Court: _____ County ☐ Supreme Court: _____ County	Order ID (Index/Docket Number)

Employee/Obligor Information

Name (Last, First, Middle)	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /

Obligee Information

Name (Last, First, Middle)
Mailing Address

Page intentionally left blank.

SSL 111-g; DRL 240 (1) (a); CPLR 5242	

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____ Index No. _____

_____
Plaintiff ,

– and –

_____
Defendant

SHORT FORM APPLICATION FOR CHILD SUPPORT SERVICES IN CONNECTION WITH AN APPLICATION FOR A DIVORCE (Eff. 12/1/19)

☐ Plaintiff OR ☐ Defendant in connection with the action for divorce specified above hereby requests child support services pursuant to Title 6-A of the Social Services Law by filing this Application.[1]

Dated: _____

_____
Signature of Applicant

_____
Print name of Applicant

Phone Number:

_____
Address:

_____
_____
_____
_____

[1] Pursuant to Section 111-g of the Social Services Law, signing this short form application requesting child support services in connection with an application for a divorce is deemed to be an application for child support services under Title IV-D of the federal Social Security Act. **Important Note: To receive child support services, applicants should provide a copy of this signed form to their local Support Collection Unit within 20 days after entry of their Judgment of Divorce, together with a copy of their Judgment of Divorce and a copy of the completed Form UD-8a available at** https://www.nycourts.gov/LegacyPDFS/divorce/forms_instructions/ud-8a.pdf
For more information and other ways to apply for child support services, see the NYS Unified Court System's Child Support Resources Website at http://ww2.nycourts.gov/divorce/childsupport/index.shtml

NOTE- Grayed out areas of this form are NOT applicable to spousal support only cases

Part B

INCOME WITHHOLDING FOR SUPPORT

- ☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**
- ☐ **AMENDED IWO**
- ☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**
- ☐ **TERMINATION OF IWO**

Date: _____

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory _____
City/County/Dist./Tribe _____
Private Individual/Entity _____

Remittance ID (include w/payment) _____
Order ID _____
Case ID _____

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____

Employer/Income Withholder's FEIN _____

RE: _____
Employee/Obligor's Name (Last, First, Middle)

_____
Employee/Obligor's Social Security Number

_____
Employee/Obligor's Date of Birth

_____
Custodial Party/Obligee's Name (Last, First, Middle)

Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ORDER INFORMATION: This document is based on the support order from New York State. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

$ _____ Per_____ current child support
$ _____ Per _____ past-due child support **Arrears greater than 12 weeks?** ☐ Yes ☐ No
$ _____ Per_____ current cash medical support
$ _____ Per_____ past-due cash medical support
$ _____ Per_____ current spousal support
$ _____ Per_____ past-due spousal support
$ _____ Per_____ other (must specify) _____
for a **Total Amount to Withhold** of **$** _____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$ _____ per weekly pay period
$ _____ per biweekly pay period (every two weeks)
$_____ per semimonthly pay period (twice a month)
$_____ per monthly pay period
$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID_____

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

***REMITTANCE INFORMATION**:* If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold ____% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements**.** For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see www.acf.hhs.gov/css/employers/employer-responsibilities/payments.

Include the Remittance ID, pay date and employee/obligor's name on the payment.

Make payments payable in the name of the obligee identified on PART A.

Remit payment to obligee's address identified on PART A.

☐ Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:
Signature of Judge/Issuing Official: _____
Print Name of Judge/Issuing Official:_____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.
☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at:
www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements

Employers/income withholders may use OCSE's Child Support Portal (https://ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act. If a federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure, together with interest and reasonable attorney's fees. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) §5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed $500 for the first instance and $1,000 per instance for the second and subsequent instances of noncompliance.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed $500 for the first instance and $1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673(b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - - to 55% and 65% - - if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears Greater Than 12 Weeks? If the ***Order Information*** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: (1) **PART A** of this form contains sensitive information and must be served **only** upon the employer/income withholder for purposes of processing the income withholding; **PART B,** which consists of 4 pages, must be served upon the employer/income withholder, employee/obligor, and obligee. (2) Priority of withholding pursuant to CPLR §5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *Remittance Information,* above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or non-employee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

Employer's Name:_____ Employer FEIN:_____
Employee/Obligor's Name: _____ SSN: _____
Case Identifier: _____ Order Identifier: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

_____

Final payment date to Obligee /Tribal Payee:_____ Final payment amount:_____

New employer's name:_____

New employer's address:_____
_____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by e-mail or website: _____.

Send termination/income status notice and other correspondence to:_____

_____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by e-mail or website:_____.

Encryption Requirements:
When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995
This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

IMPORTANT NOTICE TO COURT CLERKS FOR ALL NON-IV-D ORDERS: THIS FORM, RATHER THAN THE CHILD SUPPORT ORDER, SHOULD BE MAILED BY THE COURT TO THE STATE CASE REGISTRY, P.O. BOX 15101, ALBANY, NY 12212-5101

New York State Case Registry Filing Form *

For Use With Child Support Orders and Combined Child and Spousal Support Orders Payable To Other Than A Child Support Collection Unit*

***Domestic Relations Law § 240(5) and Family Court Act § 440(5) direct that such orders be promptly provided to the State Case Registry. The Office of Temporary and Disability Assistance has indicated that the information sought on this form satisfies the requirement to maintain a record of the order pursuant to Social Services Law § 111-b(4-a)(a)(2) and no order is to be filed unless specifically requested.**

Note: Full Social Security Numbers are required on this form. Redaction is not allowed.

Name of Court:_____ County Name:_____ Index Number:_____

Child Support
Payor:_____ Social Security #:_____-____-_____ Date of Birth:____/____/_____
(first) (last) (middle initial) (Payor) (Payor)

Child Support
Payee:_____ Social Security #:_____-____-_____ Date of Birth:____/____/_____
(first) (last) (middle initial) (Payee) (Payee)

Child #1 Name:_____ Social Security #:_____-____-_____ Date of Birth:____/____/_____
(first) (last) (middle initial) (Child #1) (Child #1)

Child #2 Name:_____ Social Security #:_____-____-_____ Date of Birth:____/____/_____
(first) (last) (middle initial) (Child #2) (Child #2)

Child #3 Name:_____ Social Security #:_____-____-_____ Date of Birth:____/____/_____
(first) (last) (middle initial) (Child #3) (Child #3)

(If more children, please use additional form.)

The order expires on: ☐ the youngest child's 21st birthday, OR ____/____/_____ (MM/DD/YYY)

FAMILY VIOLENCE INQUIRY

Has a Temporary or Final Order of Protection been granted on behalf of either party? ☐ Yes ☐ No ☐ Do not know

If yes, which party: ☐ Payor ☐ Payee

Has a request for confidentiality of address been granted on behalf of either party? ☐ Yes ☐ No

If yes, which party: ☐ Payor ☐ Payee

INSTRUCTIONS FOR COMPLETING THE NEW YORK STATE CASE REGISTRY FILING FORM

Field	Instruction
Name of Court	Enter either "Supreme Court" or "Family Court."
County Name	Enter the name of the County entering the support order.
Index/Docket Number	Enter the Index Number (Supreme Court) or Docket Number (Family Court).
Child Support Payor	Enter, at a minimum, the first and last name of the child support payor. If there is more than one child support payor, please use a separate form to record the information for the additional child support payor.
Social Security Number (Payor)	Enter the **full** Social Security number of the child support payor. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is **not** allowed. An entry of "N/A," "not available," or "not applicable" is **not** allowed.
Date of Birth (Payor)	Enter the date of birth of the child support payor in the format MM/DD/YYYY.
Child Support Payee	Enter, at a minimum, the first and last name of the child support payee. An entry of "guardian" or other title is **not** allowed. If there is more than one child support payee, please use a separate form to record the information for the additional child support payee.
Social Security Number (Payee)	Enter the **full** Social Security number of the child support payee. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is **not** allowed. An entry of "N/A," "not available," or "not applicable" is **not** allowed.
Date of Birth (Payee)	Enter the date of birth of the child support payee in the format MM/DD/YYYY.
Child Name	Enter, at a minimum, the first and last name of each child covered by the order. If more than three (3) children are covered by the order, please use a separate form to record the information for the additional children.
Social Security Number (Child)	Enter the **full** Social Security number of each child covered by the order. Enter "None" ir the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is **not** allowed. An entry of "N/A," "not available," or "not applicable" is **not** allowed.
Date of Birth (Child)	Enter the date of birth of each child covered by the order in the format MM/DD/YYYY.
Order Expiration	Provide the expiration date for the child support order. You may either check the first box to indicate that the order expires on the youngest child's 21st birthday, or you may check the second box and provide any alternative date provided for under the terms of the support order. Provide the expiration date in the format MM/DD/YYYY.
Family Violence Inquiry	Check the appropriate box to indicate whether a Temporary or Final Order of Protection has been granted on behalf of either party to the order. If "yes" is selected, check the appropriate box to indicate which party has been granted the Order of Protection.
	Check the appropriate box to indicate whether a request for confidentiality of address has been granted on behalf of either party. If "yes" is selected, check the appropriate box to indicate the party on whose behalf the confidentiality authorization was made.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
----------x

Plaintiff,

Index No. _____

-against-

NOTICE OF SETTLEMENT

Defendant.
----------x

PLEASE TAKE NOTICE that the annexed ❑ *Proposed Judgment of Divorce,* **OR** ❑ *Qualified Medical Child Support Order,* **OR** ❑ *Order:* _____ of which the within is a true copy, will be presented for signature to the Supreme Court Clerk's Office, at _____, on _____.

Dated: _____

Yours, etc.

_____
❑ *Plaintiff;* ❑ *Attorney(s) for Plaintiff*
❑ *Defendant;* ❑ *Attorney(s) for Defendant*
Address:_____
_____
_____
Tel No. _____

TO: _____
❑ *Plaintiff;* ❑ *Attorney(s) for Plaintiff*
❑ *Defendant;* ❑ *Attorney(s) for Defendant*
Address:_____
_____
_____
Tel No. _____

At the Supreme Court of the State of New York, held in and for the County of _____ at the County Courthouse at _____, New York, on the ___ day of _____

PRESENT: HON._____
Justice of the Supreme Court

----------X

In the Matter of the Application of

Index No.:_____

_____,
Plaintiff,

For Permission to Prosecute an Action as a Poor Person

-against-

POOR PERSON ORDER

_____,
Defendant.

----------X

Upon the annexed affidavit of _____,

And it being alleged that said Plaintiff _____ has a good cause of action or claim based upon **DRL § 170 subd.____ - _____, and that *he/she* is unable to pay the costs, fees and expenses to prosecute this action, and that there is no other person beneficially interested in the action, thereof

NOW on motion of _____, Plaintiff, it is hereby

ORDERED that _____ is permitted to prosecute this action as a poor person against _____ and it is further

ORDERED that any recovery by Judgment or Settlement in favor of Plaintiff shall be paid to the Clerk of the Court to await distribution pursuant to court order, and it is further

ORDERED that the Clerk of this Court is directed to make no charge for costs or fees in connection with the prosecution of this action, including one (1) certified copy of the judgment.

E N T E R:

_____
J.S.C.

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison
DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

SUPREME COURT OF THE STATE OF NEW YORK

1 COUNTY OF _____

----------X

In the Matter of the Application of

2,3 _____, Index No.:_____

Plaintiff.

For Permission to Prosecute as a Poor Person

AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED AS A POOR PERSON

- against -

4 _____,

Defendant.

----------X

STATE OF NEW YORK }

ss:

5 **COUNTY OF**_____ }

6 _____, being duly sworn, says:

7 1. I reside at _____ in the City, Town or Village of_____, County of _____, State of New York, and I have resided in the State of New York for the past _____ years.

8 2. I am about to commence a lawsuit for divorce. This lawsuit is based upon **DRL §170 _____ - _____.

9 3. My sole source of income is:_____

_____

_____

I earn $_____ per _____.

10 4. My property and its value are as follows:

_____

_____

_____

_____

11 5. I make this application pursuant to Section 1101 of the Civil Practice Law and Rules upon the ground that I am unable to pay costs, fees and expenses necessary to pursue my case and am unable to obtain the funds to do so, and unless an order is entered relieving me from the obligation to pay, I will be unable to prosecute my case.

12 6. No other person is beneficially interested in the recovery sought herein.

13 7. No previous application for the same or similar relief has been made by me in this case except: _____

_____ .

WHEREFORE, I respectfully ask for an order permitting me to prosecute an action as a poor person.

The foregoing statements have been carefully read by the undersigned who states that they are true and correct.

14

_____
Plaintiff

Subscribed and sworn to
before me on

_____

_____
NOTARY PUBLIC

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison
DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

STATE OF NEW YORK SUPREME COURT
COUNTY OF _____

==========

Plaintiff,

- against -

Defendant.

==========

Index No.
RJI No.: ,
AFFIDAVIT OF SERVICE OF PROPOSED POOR PERSON'S ORDER
,

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

_____, residing at _____, being sworn, says, I am not a party to the action, and am over 18 years of age.

On _____, I served a copy of the ❑Summons with Notice or the ❑Summons and Verified Complaint, and the Affidavit In Support Of Application To Proceed as a Poor Person , income verification and proposed Poor Person Order upon Defendant at the address designated by Defendant and upon:

(check which box applies):
❑The (insert name of County)_____ County Attorney

OR

❑ The Corporation Counsel of the City of New York

by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to :

_____

_____,

Server's
Dated: _____ Signature: _____

Print Name: _____

SWORN to before me on this

____ day of _____, 20____.

_____
NOTARY PUBLIC

Eff. 1/25/16

ADDENDUM TO STIPULATION OF SETTLEMENT/AGREEMENT RE: COMPLIANCE WITH DOMESTIC RELATIONS LAW 255(2)

_____ Vs _____ Index #:_____

Each party is aware that he or she will no longer be covered by the other party's health insurance plan and that each party shall be responsible for his or her own health insurance coverage, and may be entitled to purchase health insurance on his or her own through a COBRA option, if available.

Dated: , 20_____ **_____**

Plaintiff's Signature

_____

Print Name

SS: STATE OF _____, COUNTY OF _____

On this _____ day of _____ 20____ , before me; the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____

NOTARY PUBLIC

Dated: , 20_____ **_____**

Defendant's Signature

_____

Print Name

SS: STATE OF _____, COUNTY OF _____

On this _____ day of _____ 20____ , before me; the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

_____

NOTARY PUBLIC