

DRL §§ 76-h (5), 254; Exec. L. § 108;  
FCA §§ 154-b; 818; 1015

General Form 21  
Address Confidentiality  
Affidavit  
9/2012  
NCFC 7/2015

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

.....

Petitioner \_\_\_\_\_  
First M.I. Last

-AGAINST-

Respondent \_\_\_\_\_  
First M.I. Last

.....

STATE OF )  
 )  
 )ss.:  
COUNTY OF )

TO THE FAMILY COURT:

The undersigned petitioner respectfully shows that:

1. I [print name], \_\_\_\_\_, am the  petitioner  respondent in the above entitled proceeding.
2. I am requesting address confidentiality because [check  all applicable boxes]:
  - Disclosure of my address or other identifying information would pose an unreasonable risk to my health or safety, or to my child(ren)'s health or safety.
  - I am in a residential program for victims of domestic violence or a shelter provided for parents accompanying abused or neglected children, or a shelter for homeless persons.
  - I have an address confidentiality order dated \_\_\_\_\_, from the [specify court or state agency] \_\_\_\_\_.
3. Have you been approved for participation in the \*NYS Department of State Address Confidentiality Program?  Yes  No

Address Confidentiality  
Affidavit

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

\*Information about the NYS Department of State Address Confidentiality Program can be found at [www.dos.ny.gov/acp](http://www.dos.ny.gov/acp)

If yes, I designate the NYS Department of State as the agent to accept service of process in this case. The \*\*substitute address is:

NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110  
Albany, NY 12201-1110

\*\*When does your participation expire? \_\_\_\_\_

If no, I designate the following person (any person over the age of 18 who is not a party to the proceeding, an attorney, or the clerk of the court) as the agent to accept service of process and all papers in this case, whose name and address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I agree to inform the person/agency named in section 3 of any change in my address.

\_\_\_\_\_  
Petitioner [print name]

\_\_\_\_\_  
Petitioner [sign name before a notary]

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

\*\* This information can be found on the identification card provided by the NYS Department of State Address Confidentiality Program.