

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Application for
Approval of a Surrender Instrument Concerning

Docket No.
AFFIDAVIT OF AUTHORIZED AGENCY EMPLOYEE
RESPONSIBLE FOR ARRANGING SUPPORTIVE
COUNSELING – EXTRA-JUDICIAL SURRENDER OF
CHILD IN FOSTER CARE

CIN #
Pursuant to Section 383-c of the Social
Services Law

.....
STATE OF NEW YORK)

)ss.:
COUNTY OF)

I, [specify name of witness]: , having been duly sworn, deposes and states the following:

1. I am an employee of the following authorized agency [specify]:
and am responsible for arranging supportive counseling for parents or guardians who execute extra-judicial surrenders of children in foster care.

2. On [specify date]: , I arranged for supportive counseling for [specify person
executing surrender]: to be provided by [specify]:
as follows [specify]:

3. On [specify date]: , [specify person executing surrender]:
 accepted did not accept the offer of supportive counseling.

4. [Check applicable box or delete inapplicable provision]: Upon information and belief,
 Supportive counseling was provided to the person executing the surrender as follows [specify
date, provider and nature of supportive counseling]:

Supportive counseling was not provided to the person executing the surrender.

Signature of Authorized Agency Employee

Sworn to before me this
day of ,

Notary Public
(Deputy) Clerk of Court

¹ If the employee-witness to the surrender was the employee who arranged for supportive counseling, Form SURR-4 may be utilized.