

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Commitment of Docket No.
Guardianship and Custody pursuant to
§ 384-b of the Social Services Law of

PETITION - TERMINATION OF
PARENTAL RIGHTS --
 MENTAL ILLNESS
 INTELLECTUAL

CIN #
A Child under the Age of Eighteen Years,
DISABILITY alleged to be the Child of Mentally Ill
or Intellectually Disabled Parents

.....
**IF THIS PETITION IS GRANTED, YOU MAY LOSE YOUR RIGHTS TO YOUR CHILD
AND YOUR CHILD MAY BE ADOPTED WITHOUT YOUR CONSENT AND WITHOUT
NOTICE TO YOU.**

**IF YOU ARE THE PARENT, FOSTER PARENT OR CUSTODIAN OF THE CHILD, YOU
HAVE A RIGHT TO HAVE A LAWYER REPRESENT YOU. IF YOU CANNOT AFFORD A
LAWYER, YOU MAY ASK THE COURT TO APPOINT A LAWYER TO REPRESENT YOU
WITHOUT FEE.**

TO THE FAMILY COURT:

The undersigned Petitioner(s) respectfully allege(s) that:

1. Petitioner(s) _____, (is) (are)

an authorized agency having its office and place of business at [specify, including county]:

foster parent(s) residing at [specify, including county]:

child’s attorney guardian ad litem filing at the Court’s direction, pursuant to Social Services
Law §384-b(3)(b).

2 a. _____ is a male female child under the age of
eighteen years, born on [specify]: _____, at [specify]: _____, who now
resides at [specify, including county]: _____.

b. The subject child is is not a Native-American child, who is subject to the Indian Child
Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check
applicable box(es)]:

parent/custodian [specify name and give notification date]:

tribe/nation [specify name and give notification date]:

United States Secretary of the Interior [give notification date]:

3. The full name and last-known address of each parent and custodian of the child are:

Name

Last-Known Address

4. a. The name and last-known address of any other interested party who should be afforded notice of this proceeding are:

Name

Last-Known Address

b. The name and last-known address of any other person entitled to notice of an adoption pursuant to Domestic Relations Law § 111-a are:

Name

Last-Known Address

c. There are no persons other than those set forth entitled to notice of this proceeding or of an adoption of the child.

5. The child was removed from his or her home on [specify]:
and came into the care of an authorized agency on [specify]: _____, under the following
circumstances: [include court, county, docket number and date(s) of prior proceedings]:

The child has been in the care of an authorized agency for [check applicable box]: a continuous one
year period immediately prior to the initiation of this proceeding 15 of the most recent 22 months.

6. (Upon information and belief) the _____ of the child(ren) (is) (are)
 mentally ill intellectually disabled, as defined in Section 384-b of the Social Services Law in
that [specify]:

7. By reason of the parent's mental illness intellectual disability, the child would be in danger
of becoming a neglected child as defined in the Family Court Act, if the child were placed in or
returned to the custody of [specify]: _____ in that [specify basis for statement]:

8. The best interests of the child will be promoted by commitment of the guardianship and custody
of the child to _____, an authorized agency foster parent(s), for the
following reasons: [If appropriate, include facts regarding a non-respondent parent.]

9. The child is is not under the jurisdiction of the Family Court. If so, this petition [check
box]: has has not been filed in the Court that exercised jurisdiction over the most recent
permanency or other proceeding involving this child. [If it has not been so filed, petitioner must file
affirmation, Form TPR-12].

10. No previous application has been made to any court or judge for the relief sought herein

(except _____).

WHEREFORE, Petitioner(s) request(s) an order determining that the above-named child is a child whose parent(s) (is)(are) presently and for the foreseeable future unable by reason of mental illness intellectual disability, as defined by section 384-b of the Social Services Law, to provide proper and adequate care, and committing the guardianship and custody to an authorized agency foster parent(s)), and for such other and further relief as in the interests of the child may be granted.

Dated: _____ .

Dated: _____ .

Agency by: Foster parent:

Name _____

Title _____

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION (Agency)

STATE OF NEW YORK)

ss.:

COUNTY OF)

being duly sworn,

deposes and says:

That (he) (she) is a duly constituted official of the above-named authorized agency, to wit, its

;

That (he) (she) has read the foregoing Petition and knows the contents thereof; that the same is true to (his) (her) own knowledge except as to matters therein stated to be alleged on information and belief and that as to those matters (he) (she) believes it to be true.

Agency Official

Sworn to before me this _____
day of _____, .

(Deputy) Clerk of the Court
Notary Public

