Additional Forms Appendix with Children
(attached to the JD-1 rev. 3/1/24)

Uncontested Joint Divorce With Children
Additional Forms Appendix rev. 3/1/24
Additional Forms Depending on the Circumstances

If there are no children under 21, use the Uncontested Joint Divorce With No Children Forms Appendix

> See the Information Booklet (JD-1) rev. 3/1/24 for instructions, important notices, and help.

1. Fee Waiver Application rev. 1/1/24

2. Fee Waiver Order

3. Qualified Medical Child Support Order (UD-8b)

4. Enrollment for Child Support Services (LDSS-5258) - *Not included in this Appendix. Go to https://otda.ny.gov/programs/applications/5258.pdf.

5. Short Form Child Support Services Application

6. Support Collection Unit Information Sheet (UD-8a)

7. Income Withholding Order for Child Support and Combined Child and Spousal Support (LDSS-5037) rev. 2/24

8. New York State Case Registry Form

9. Addendum to RJI (UCS Form 840M)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

---X

In the Matter of the Application of

_____,

Plaintiff.

For Permission to Prosecute as a Poor Person

- against -

_____,

Defendant.

---X

Index No.:_____

**AFFIRMATION IN SUPPORT OF
APPLICATION TO PROCEED
AS A POOR PERSON**

STATE OF NEW YORK   }

                                    ss:

COUNTY OF_____   }...........

<u>I, Plaintiff,</u>   <u>(Print or type name)</u>, state as follows:

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.

2.   I am about to commence a lawsuit for divorce. This lawsuit is based upon **DRL §170
     _____ - _____..................._____.

3.   My sole source of income is:_____
     _____
     _____

     I earn $_____ per _____.

4.   My property and its value are as follows:
     _____
     _____
     _____
     _____

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.

(Affirmation for Poor Person Order - Rev. 1/1/24)

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.

14

I, _____, affirm this ___ day of _____, ____, under the penalties of perjury,
under the laws of New York, which may include a fine or imprisonment, that the foregoing is
true, and I understand that this document may be filed in an action or proceeding in a court of
law.

                                        _____
                                              Plaintiff

**Insert the grounds for the divorce:

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

(Affirmation for Poor Person Order - Rev. 1/1/24)

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 _____

1

2

3

4 **PRESENT: HON.**_____

Justice of the Supreme Court

---X

5 In the Matter of the Application of   Index No.:_____

6 _____,

Plaintiff,

For Permission to Prosecute an Action as a Poor Person   **POOR PERSON ORDER**

-against-

7 _____,

Defendant.

---X

8   Upon the annexed affidavit of _____,

9   And it being alleged that said Plaintiff _____ has a good cause of

10 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

11   **NOW** on motion of _____, Plaintiff, it is hereby

12   **ORDERED** that _____ is permitted to prosecute this action as a poor

13 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:

14

_____

J.S.C.

**Insert the grounds for the divorce:

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

(Appendix - Rev. 10/10)

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:

(Form UD-8b - Rev. 5/99)

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.

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

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

--x

Plaintiff,

Index No. _____

-against-

SUPPORT COLLECTION UNIT
INFORMATION SHEET

Defendant.

--x

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

PLAINTIFF: _____

Address: _____

Date of Birth _____ SS #: _____

DEFENDANT: _____

Address: _____

Date of Birth _____ SS #: _____

Date and Place of Marriage: _____

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

UNEMANCIPATED CHILDREN: <u>Name</u> <u>Date of Birth</u>

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*

Support payments are to be made to the Support Collection Unit for the benefit of ❑ *Plaintiff* **OR**

❑ *Defendant* **OR** ❑ *Third Party.*

If third party, list name and address: _____

Non-custodial parent's employer: _____

Address: _____

Dated: _____

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

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

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.

Part B

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)   **Date:** _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**   ☐ **AMENDED IWO**

☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**   ☐ **TERMINATION OF IWO**

☐ Child Support Agency (CSA)   ☐ 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 CSA 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 _____

II. Employer and Case Information: (Completed by the Sender)

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

_____   _____
Employer/Income Withholder's Address   Employee/Obligor's Social Security Number

_____   _____
          Employee/Obligor's Date of Birth

_____   _____
Employer/Income Withholder's FEIN_____   Custodial Party/Obligee's Name (Last, First, Middle)

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

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

III. Order Information: (Completed by the Sender)

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 _____.

IV. Amounts to Withhold: (Completed by the Sender)

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.

Employer/Income Withholder's Name:_____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

V. Remittance Information*: (Completed by the Sender, except for the "Return to Sender" check box.)

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 the order/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 employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, 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 www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

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. The CCPA is available at https://www.dol.gov/agencies/whd/fact-sheets/30-cppa. 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.

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.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

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

Include the Remittance ID with the payment and if necessary this locator code of the SDU/**Tribal order payee** _____on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **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 in Section VI). 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.

Employer/Income Withholder's Name:_____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

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

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the OCSS Child Support Portal.

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.

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 *V. 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 nonemployee 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/Income Withholder's Name:_____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ 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 or income withholder's name: _____

New employer's or income withholder's address: _____
_____

VIII. Contact Information (Completed by the Sender)

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

by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____
_____ (sender address).

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

by telephone: _____, by fax: _____, by email 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 Services. 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).

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.

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