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(Receipt No: \_\_\_\_\_ No: \_\_\_\_\_)

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----x  
In the Matter of a Parentage Proceeding Concerning

PARENTAGE PETITION –  
ASSISTED REPRODUCTION

File No. \_\_\_\_\_

A Child conceived as a result of Assisted Reproduction.

-----x  
TO THE SURROGATE'S COURT, COUNTY OF \_\_\_\_\_

It is respectfully alleged:

1. The name, relationship, domicile, and telephone number of the petitioner(s) are as follows:

- a. Name: \_\_\_\_\_  child  parent  participant  person with a claim to parentage  social services official or other governmental agency  representative authorized by law to act for an individual who would otherwise be entitled to maintain a proceeding but who is deceased, incapacitated or a minor  other individual with claim to parentage [specify] \_\_\_\_\_.

Domicile: \_\_\_\_\_  
(Street Address) (City/Town/Village)  
\_\_\_\_\_  
(County) (State) (Zip) (Telephone Number)

Mailing address: \_\_\_\_\_  
(If different from domicile)

- b. Name: \_\_\_\_\_  gestating intended parent  non-gestating intended parent

Domicile: \_\_\_\_\_  
(Street Address) (City/Town/Village)  
\_\_\_\_\_  
(County) (State) (Zip) (Telephone Number)

Mailing address: \_\_\_\_\_  
(If different from domicile)

2. I am/We are submitting this petition to request an order declaring the following

Name: \_\_\_\_\_ (Date of Birth)

Address: \_\_\_\_\_ (Street Address) (City/Town/Village)  
\_\_\_\_\_  
(County) (State) (Zip)

Name: \_\_\_\_\_ (Date of Birth)

Address: \_\_\_\_\_ (Street Address) (City/Town/Village)  
\_\_\_\_\_  
(County) (State) (Zip)

to be the legal parent(s) of the child.

3. [Check applicable boxes]

- a.  The gestating intended parent became pregnant as a result of assisted reproduction and gave birth to the following child:  
 male  female  non-binary/other

Name: \_\_\_\_\_ (Date of Birth)

Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City/Town/Village)

\_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Who was born in \_\_\_\_\_ (County) \_\_\_\_\_ (State)

- b.  The gestating intended parent became pregnant as a result of assisted reproduction and is now pregnant with a child who is expected to be born on or about \_\_\_\_\_ in \_\_\_\_\_ (specify date) (County) (State)

4.  An intended parent has been a resident (s) of New York State for a period of at least six months

OR

- The child  was born in New York State within 90 days of the filing of this petition.  
 will be born in New York State within 90 days of the filing of this petition.

5. The intended parent(s) both consented to assisted reproduction.

6. Check applicable boxes for court to consider proof of a donor's donative intent pursuant to Section 581-202 of the Family Court Act:

[Known donor] The child was conceived with a gamete or embryo from a known gamete or embryo donor(s).

A record from the donor acknowledging the donation and confirming that the donor has no parental or proprietary interest in the gametes or embryos. Said record is signed by both the donor and the gestating intended parent and is attached hereto.

OR

The following constitutes evidence for the court to consider that the donor has no parental or proprietary interest in the gametes or embryos [specify evidence]: \_\_\_\_\_

[Anonymous donor or where gametes or embryos have previously been released to a gamete or embryo storage facility or in the presence of a healthcare practitioner]. The child was conceived with a gamete or embryo released to a storage facility or healthcare practitioner.

A statement or documentation from the storage facility or healthcare practitioner that the embryo or gamete was donated anonymously or previously released to the facility or practitioner is attached hereto.

OR

The following constitutes evidence for the court to consider that the donor intended the donation to be anonymous or previously released the embryo or gamete to a storage facility or healthcare practitioner [specify evidence]: \_\_\_\_\_

7. [Check applicable boxes]

Petitioner 1a: I  have  have not acknowledged parentage on the Public Health Law form.

Petitioner 1b: I  have  have not acknowledged parentage on the Public Health Law form.

No other person has acknowledged parentage on the Public Health Law form.

8. Upon information and belief, no individual has been adjudicated as a parent of this child, either in this court, or any other court, including a Native-American court, except \_\_\_\_\_ (specify)

9. Upon information and belief, the subject child  is  is not a Native American child who may be subject to the *Indian Child Welfare Act of 1978* (25 U.S.C. §§ 1901-1963).

10. No prior application has been made to any Court for the relief requested herein.

WHEREFORE, I am requesting that this Court issue an order/judgment/decreed and declaration of parentage, an order that the embryo or gamete donor is not a legal parent and such other and further relief as may be appropriate under the circumstances.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

VERIFICATION

STATE OF \_\_\_\_\_ )

) ss.:  
)

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn deposes and says that I am the petitioner above named. I have read the foregoing petition and the same is true of my own knowledge except as the matters therein stated to be alleged upon information and belief and as to those matters, I believe them to be true.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Signature of Petitioner)

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

Commission Expires:

(Affix Notary Stamp or Seal)

\_\_\_\_\_  
(Print Name)

Signature of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tel.No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

(e-mail address)