| | | | | For Office Use Only (Filing Fee Paid \$) (Receipt No:No:) |
|--------|-------------------------|------------------------------------|----------------------|---|
| | NTY OF | OF THE STATE OF NEW YOR | | |
| In the | | age Proceeding Concerning | | PARENTAGE PETITION – SURROGACY AGREEMENT |
| | | | F | File No |
| | | esult of a Surrogacy Agreement | | |
| | | COURT, COUNTY OF | | |
| | It is respectfully alle | ged: | | |
| 1. | The name, relationsl | hip, domicile, interest and telepl | none number of the | petitioner(s) are as follows: |
| | a. Name: | | Interest: | |
| | Domicile: | | | |
| | | (Street Address | s) | (City/Town/Village) |
| | (County) | (State) | (Zip) | (Telephone Number) |
| | Mailing address: | (If different from domici | le) | |
| | | | · | |
| | | | Interest: | |
| | Domicile: | (Street Address) | | City/Town/Village) |
| | (County) | (State) | (Zip) | (Telephone Number) |
| | • •• | • • | | |
| | ag add. coo. | (If different from domici | le) | |
| | non-binary/other | | surrogate gave birt | h to the following child: □ male □ female |
| | | | | (Date of Birth) |
| | Address: | (Street Address) | | (City/Town/Village) |
| | Who was born in | (County) 1(County) | (State) | (Zip) |
| | OR | (oodiny) | (orano) | |
| | □The person ac | | gnant with a child w | vho is expected to be born on or about |
| | (specify date) | _ in(Count | y) | (State) |

| | | Name: | | (Date of Birth) | | | |
|-------------|--------------|--|--|---|--|--|--|
| | | Address: (Street Address | | (City/Town/Village) | | | |
| | | (County) | | (Zip) | | | |
| | b. | [Delete if inapplicable] The per | acting as surrogate is married to | | | | |
| | | | | (specify name) | | | |
| \$. | par | | the spouse, if any, of the person acting uted a surrogacy agreement. A copy | | | | |
| j. | l ar | m/We are submitting this petition | equest an order declaring the following | l | | | |
| | | Name: | | (Date of Birth) | | | |
| | | Address:(Street Address | | · | | | |
| | | (Street Address | (| (City/Town/Village) | | | |
| | | (County) | (State) (| (Zip) | | | |
| | | Name: | | (Doto of Birth) | | | |
| | | Address:(Street Address | | (Date of Birth) | | | |
| | | (Street Address | | (City/Town/Village) | | | |
| | | (County) | (State) | (Zip) | | | |
| | | to be the legal parent(s) of the o | | | | | |
| 3. | [Ch | | greement was executed, the following , had resided in | New York State for at least six months | | | |
| | | ☐ At the time that the surrogal York State for at least six month | greement was executed, the person ac | cting as surrogate had resided in New | | | |
| 7. | follo spc | owing attorneys, ouse, if applicable) have certified | , representing, representing the surrogacy agreement complies wit ifications are annexed to this Petition. | the person acting as surrogate (and the Part 4 of Article 5-C of the Family | | | |
| 3. | vol | | nt from all parties to the surrogacy agr reement and that they are jointly reque | | | | |
| 9. | Upo | on information and belief: a. no individual has been adju Native-American court, except _ | • | nis court, or any other court, including | | | |
| | | | (specify) | | | | |
| | | b. no individual has signed an Acknowledgement of Parentage admitting parentage of this child except | | | | | |
| | | | | | | | |

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| ated: | · · · · · · · · · · · · · · · · · · · | (Signature of Petitioner) |
|---|---|--|
| | | (Print Name) |
| | | (Signature of Petitioner) |
| | | (Print Name) |
| | | |
| | . , | /ERIFICATION |
| STATE OF NEW YORK |) | |
| COUNTY OF |) ss.:) | |
| bove named. I have read the fatted to be alleged upon information | foregoing petition and ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. |
| tated to be alleged upon inform | ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. |
| tated to be alleged upon informations to before me this | ation and belief and a | the same is true of my own knowledge except as the matter |
| tated to be alleged upon information to before me this day of lotary Public commission Expires: | ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. |
| tated to be alleged upon information to before me this day of lotary Public commission Expires: | ation and belief and a | the same is true of my own knowledge except as the matter s to those matters, I believe them to be true. (Signature of Petitioner) |
| worn to before me this day of otary Public commission Expires: | ation and belief and a | the same is true of my own knowledge except as the matter s to those matters, I believe them to be true. (Signature of Petitioner) |
| worn to before me this day of otary Public ommission Expires: Affix Notary Stamp or Seal) | ation and belief and a | the same is true of my own knowledge except as the matter s to those matters, I believe them to be true. (Signature of Petitioner) |
| Sworn to before me this day of lotary Public commission Expires: Affix Notary Stamp or Seal) | ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. (Signature of Petitioner) (Print Name) |
| Sworn to before me this day of Notary Public Commission Expires: Affix Notary Stamp or Seal) Signature of Attorney: Print Name: | ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. (Signature of Petitioner) (Print Name) |
| Sworn to before me this day of Notary Public Commission Expires: (Affix Notary Stamp or Seal) | ation and belief and a | the same is true of my own knowledge except as the matters to those matters, I believe them to be true. (Signature of Petitioner) (Print Name) Tel.No.: |

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