

**SUPREME COURT, CIVIL BRANCH,
NEW YORK COUNTY
60 Centre Street, New York, N.Y. 10007**

**HELP CENTER
Room 116
646-386-3025**

How to Correct a Signed Judgment

Note: All persons involved in a lawsuit should consult an attorney. This office gives you forms and information on court procedures. Since we are an office of this court, we cannot give legal advice or act as your advocate.

Instructions

Supporting papers required:

1. Affidavit in Support stating what must be amended/corrected and asking that a new judgment be signed amending the signed judgment.
2. Provide exhibits as proof of what needs to be corrected. (i.e.: social security card number, birth certificate, marriage license etc.).
3. Affidavit of service of a new Amended judgment to the Plaintiff/Defendant that the Amended Judgment is going to be submitted to court. Can be served by mail.
4. A copy of the signed judgment of divorce.
5. A self-addressed stamped post card.
6. The original Amended judgment.

[Print in black ink all areas in bold letters]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----x

Index Number

_____,
[fill in names(s)] Plaintiff(s)/Petitioner(s),

AFFIDAVIT IN SUPPORT

- against -

_____,
[fill in name(s)] Defendant(s)/Respondent

-----x
STATE OF NEW YORK)
COUNTY OF NEW YORK) ss:

_____ [your name], being duly sworn, deposes
and says:

1. I am [circle one] the plaintiff/ petitioner/ defendant/ respondent in this matter. I make this
affidavit in support of this motion for an order [Describe what you are asking the Court to do.]

2. I believe the Court should grant this motion because [Explain why you should be granted
what you are requesting. Explain any Exhibits (documents) you are submitting. Add more
pages if needed.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Index Number

-----x

[fill in name(s)] Plaintiff(s)/Petitioner(s),

- against-

AFFIDAVIT OF SERVICE AFTER
COMMENCEMENT OF LITIGATION

[fill in name(s)] Defendant(s)/Respondent(s).
-----x

STATE OF NEW YORK
COUNTY OF _____ ss:

I, [name of person who served papers] _____,
being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] _____

On [date of service] _____, 20__, at [time of day] _____ AM/PM, I served a true copy of
the following papers [identify papers served] _____,
in the following manner: [check box that applies]:

Personal Service By personally delivering the papers to [identify person served] _____
_____ at [address] _____

The individual I served had the following characteristics [check one box in each category]

- | <u>Sex</u> | <u>Height</u> | <u>Weight</u> | <u>Age</u> |
|---------------------------------|--------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. | <input type="checkbox"/> 21 - 34 years |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0" - 5'3" | <input type="checkbox"/> 100 - 130 lbs. | <input type="checkbox"/> 35 - 50 years |
| | <input type="checkbox"/> 5'4" - 5'8" | <input type="checkbox"/> 131 - 160 lbs. | <input type="checkbox"/> 51 - 61 years |
| | <input type="checkbox"/> 5'9" - 6'0" | <input type="checkbox"/> 161 - 200 lbs. | <input type="checkbox"/> Over 61 years |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. | |

Color of skin [describe] _____ Hair color _____

Other identifying features, if any [describe]: _____

Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last-known address of the addressee(s) indicated below:

Overnight Delivery Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said delivery was made prior to the latest time designated by the overnight delivery service for overnight delivery. The delivery service used was [name of delivery service] _____

[Name(s) and address(es) of person(s) served by mail/overnight delivery]:

Sworn to before me this
_____ day of _____, 20__

[sign your name before a Notary]

Notary Public

[print your name]