

PETITION INFORMATION SHEET

1) Petitioner (YOU)			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
** Do you want to keep your address confidential (private) from the person you are filing against? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone (home): ())	Phone (cell): ())	Email address:	
**Date of Birth: / /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:

2) I am related to the person(s) I am filing against as follows: Married Divorced We have a child in common
 Parent Child We are related by Blood or Marriage (describe) _____
 Other Intimate Relationship (describe) _____

3) Respondent (the person you are filing against) for guardianship cases list the child's mother here			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
Phone (home): ())	Phone (cell): ())	Email address:	
**Date of Birth: / /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:
Skin Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		Tattoos / scars (location/description) _____	
Vehicle information: Make: _____ Model: _____ Year: _____ Color: _____			
Employer/School: (list name /address) _____ Work School hours _____			

4) 2nd Respondent (the 2nd person you are filing against) for guardianship cases list the child's father here			
**Name:		Alias or Nickname:	
**Full Address (include apt# and zip code) :			
Phone (home): ())	Phone (cell): ())	Email address:	
**Date of Birth: / /	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No.:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian / Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic	
Height:	Weight:	Eye Color:	Hair Color:
Skin Complexion: <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		Tattoos / scars (location/description) _____	
Vehicle information: Make: _____ Model: _____ Year: _____ Color: _____			
Employer/School: (list name /address) _____ Work School hours _____			

5) If you were you married to (one of) the Respondent(s) what was the date of the Marriage: ____/____/____
 What Country / State / County was the marriage held in? _____

5a) If you **were** married; are you now divorced from the Respondent? Yes No If yes, please provide the date and Country / State / County of the divorce: _____

5b) If you were **never** married to the Respondent, and one of the respondent's is the father of the child(ren), has paternity been established by hospital declaration or court order of filiation? Yes No If yes, please provide the Docket No. / Board of Health No.: _____ and County: _____

6) List all of the child(ren) that are the subject of your filing. If you are filing for an order of protection list all of the children under 18 living with you in your home. Please provide the child's current address and where the child has lived for the past two years. I have no child(ren) and no other child(ren) live with me

Child #1's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #1's current address			How long has child lived here?
			from / / to / /
Child#1's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

Child #2's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #2's current address			How long has child lived here?
			from / / to / /
Child#2's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

Child #3's name	Date of Birth	Sex	Relation to the Respondent(s)
Child #3's current address			How long has child lived here?
			from / / to / /
Child#3's prior addresses for the past two years			How long did the child live there?
			from / / to / /
			from / / to / /
			from / / to / /
			from / / to / /

7) Are any of the children Native American Children subject to the Indian Child Welfare Act of 1978? Yes No

For all filings please complete Sections 1, 2, and 3

Custody / Visitation - fill in section 4, Modifications, Violation/Enforcements of custody / visitation - fill in Section 5
Writs of Habeas Corpus - fill in section 6, Uniform Child Custody Jurisdiction and Enforcement Act - fill in section 7
Guardianship - fill in section 8, if you need more space for an answer use the add-on form provided on the website

SECTION 1

Have there been any other proceedings in any court regarding what you are filing today? Yes No
If yes, where? _____ What was the outcome? _____

Was there ever an Order of Protection issued against you or the other party by any Court? Yes No
If yes, when and where? _____

Has ACS (Administration for Children’s Services) or any related agency been involved with any of above listed parties/children? Yes No What County/Docket #: _____

Do you have any knowledge of a report against you to the Statewide Register of Child Abuse? Yes No
If Yes, where? _____ when was it reported ? ____/____/____

SECTION 2

Who do(es) the child(ren) currently live with : _____
How and when did you or the other party obtain physical custody of the child(ren) ? _____

I have had the child(ren) since birth

SECTION 3

Are either you or the respondent going into or returning from military service? If Yes what Branch of the military? Army Navy Air Force Marines Coast Guard National Guard Other _____

What is the anticipated date of service ____/____/____ and length of service _____?

How will being on / returning from Active Duty likely affect your custody/visitation?

SECTION 4 – Requests for custody and /or visitation

Why would it be in the child(ren)’s best interests for you to have custody/visitation?

SECTION 5 – Requests for violation, enforcement or modification petitions

Explain how the order was violated and how you would like it enforced or how and why it should be modified:

SECTION 6 - Requests for writs of habeas corpus

I have requested that the Respondent return the child(ren) to me and the Respondent has refused.

Date child(ren) was/were removed from your custody: ____/____/____

Date child(ren) was/were expected to be returned to your custody (if relevant): ____/____/____

Explain how the child(ren) was/were wrongfully removed from your custody:

Why would it be in the child(ren)'s best interests to be returned to you?

SECTION 7 - Requests for Uniform Child Custody Jurisdiction and Enforcement Act

Do(es) the child(ren) currently live in NY? Yes No

If no, has/have the child(ren) lived in NY within the last 6 months? Yes No

If yes, is one of the parents of the child still living in NY? Yes No If yes, where? _____

Has any other state declined to hear this custody / visitation matter? Yes No If yes, what state: _____

Is there an emergency situation that exists that would give NY jurisdiction on a temporary basis? Yes No

If yes, what is the situation?

SECTION 8 - Guardianship

Is the Father still living? Yes No If the father is deceased please provide his date of death ____/____/____

Is the Mother still living? Yes No If the mother is deceased please provide her date of death ____/____/____

If both parents are deceased who is the child's next of kin? _____

What is that person's relationship to the subject child(ren)? _____

How are you related to the child(ren)? _____ What is the child's religion? _____

To your knowledge has there ever been a guardian appointed for this child(ren)? Yes No if Yes, where?

_____ when was it issued? ____/____/____

Why would it be in the child(ren)'s best interest for you to have Guardianship?

The parent(s) if alive, should not be appointed guardian of the child(ren) because:
