

F.C.A. §§ 413, 415, 416, 422, 440, 514, 545, 571
S.S.L. §§ 101, 102, 111-g, 366
C.P.L.R. § 5241

(CSS/DSS 10/10)
(Petitioners Child
Support and Medical
Support)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Support
under Articles 4, 5, 5-A, and 5-B of the Family
Court Act

Family File No.
Docket No.
CSMS Case ID No.
WMS Case ID

, Petitioner/Assignor
S.S. #

and

Commissioner of Social Services, Petitioner/Assignee
on behalf of the Assignor

– against –

, Respondent
S.S. #

**PETITION FOR CHILD SUPPORT
AND MEDICAL SUPPORT
(Individual/Commissioner)**

.....
TO THE FAMILY COURT:

The undersigned Petitioners respectfully allege that:

1. The Petitioner/Assignor is , who resides at¹

,

, in the County of , State of New York, and is authorized to originate this proceeding pursuant to
the Family Court Act

; and whose mailing address, if different from above, is

,

; and the Petitioner/Assignee is the Commissioner of Social Services whose official address is

¹ Address provided unless previously ordered confidential pursuant to Family Court Act § 154-b, or an Address Confidentiality Affidavit (application for confidentiality) is made herewith, because disclosure of such information would pose an unreasonable risk to the health or safety of the Petitioner/Assignor or the Petitioner's/Assignor's children.

, in the County of _____, State of New York, and is authorized to originate this proceeding pursuant to the Social Services Law and the Family Court Act;

2. Upon information and belief, the Petitioner/Assignor, _____, is the ☐ Mother ☐ Father ☐ Caretaker Relative ☐ Legal Custodian ☐ Guardian ☐ Child in this proceeding.
3. The Petitioner/Assignor, _____, is a recipient of child support services with the local Department of Social Services.
4. Upon information and belief, the Respondent, _____, is the ☐ Father ☐ Mother ☐ Stepparent in this proceeding and resides at _____.

; and whose mailing address, if different from above, is _____.

5. Upon information and belief, the Respondent is legally responsible for the child support and medical child support of the following dependent child(ren)

<u>Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
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; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were married at _____, in the County of _____, State of _____, on ____ / ____ / ____.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. Paternity was determined by Order of Filiation dated ____ / ____ / ____, Docket No. _____, issued by _____ Court.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. An Acknowledgment of Paternity was signed by the mother on ____ / ____ / ____, and by the father on ____ / ____ / ____, and was filed on ____ / ____ / ____, with the Birth Registrar for the County of _____, State of _____, pursuant to the applicable law of the state in which the birth was registered.

; and the parental responsibility of the Respondent involved in this proceeding is the result of an adoption which took place in the County of _____, State of _____, on ____ / ____ / ____.

Upon information and belief, the Respondent is legally responsible for the child support and child support and medical child support of the following dependent child(ren)

<u>Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
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; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were married at _____, in the County of _____, State of _____, on ____ / ____ / ____.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. Paternity was determined by Order of Filiation dated ____ / ____ / ____, Docket No. _____, issued by _____ Court.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. An Acknowledgment of Paternity was signed by the mother on ____ / ____ / ____, and by the father on ____ / ____ / ____, and was filed on ____ / ____ / ____, with the Birth Registrar for the County of _____, State of _____, pursuant to the applicable law of the state in which the birth was registered.

; and the parental responsibility of the Respondent involved in this proceeding is the result of an adoption which took place in the County of _____, State of _____, on ____ / ____ / ____.

Upon information and belief, the Respondent is legally responsible for the child support and medical child support of the following dependent child(ren)

<u>Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
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; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were married at _____, in the County of _____, State of _____, on ____ / ____ / ____.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. Paternity was determined by Order of Filiation dated ____ / ____ / ____, Docket No. _____, issued by _____ Court.

; and the Respondent and ☐ Mother ☐ Father of the child(ren) involved in this proceeding were never married. An Acknowledgment of Paternity was signed by the mother on ____ / ____ / ____, and by the father on ____ / ____ / ____, and was filed on ____ / ____ / ____, with the Birth Registrar for the County of _____, State of _____, pursuant to the applicable law of the state in which the birth was registered.

; and the parental responsibility of the Respondent involved in this proceeding is the result of an adoption which took place in the County of _____, State of _____, on ____ / ____ / ____.

6. Upon information and belief, the following dependent child(ren) became eligible for medical assistance effective ____ / ____ / ____.
7. Upon information and belief, the Respondent, _____, on or about ____ / ____ / ____, and subsequent thereto, has failed to provide fair and reasonable support and medical support for the child(ren) according to Respondent's means and earning capacity.
8. Upon information and belief, the Respondent has a legal responsibility to provide support and medical support for the child(ren), retroactive to the date of this petition or the date for which the child(ren) became eligible for medical assistance, whichever is earlier.
9. Upon information and belief, as a source of income the Respondent has an employer or income payor as defined in CPLR 5241(a), with the following name and address:

10. Upon information and belief, no previous application has been made to any court or judge for the relief herein requested (except).

WHEREFORE, Petitioners pray for an order for support pursuant to the provisions of Section 413 of the Family Court Act, directing the respondent to furnish such support as shall be deemed fair and reasonable effective retroactive to the date of the petition and that such support be payable to the Support Collection Unit; and

That such order further require that health insurance benefits be provided for the above named child(ren) in accordance with Section 416 of the Family Court Act [and that the Respondent pay reasonable expenses of confinement in accordance with Sections 416 and 514 of the Family Court Act] and;

and for such other and further relief as the law provides.

NOTE: (1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: _____

Petitioner Signature

Print or type name

Service of all pleadings and legal papers upon Petitioner/Assignor in response to this petition should be directed to:

Print or type name of Attorney, if any

,

Attorney's Address

Dated: / / _____

Commissioner of Social Services
(or Designee for Commissioner), Petitioner Signature

Print or type name

Service of all pleadings and legal papers upon the Petitioner/Assignee in response to this petition should be directed to:

Office of the IV-D Attorney

Attorney, if any (print or type name)

,

Attorney's Address