

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Support
under Article 4 of the Family Court Act

Family File No.
Docket No.
New York Case Identifier
WMS Case ID

.....
, Petitioner
S.S. #

– against –

**ADDRESS CONFIDENTIALITY
AFFIDAVIT**

, Respondent
S.S. #

.....
STATE OF NEW YORK)
)ss.:
COUNTY OF)

1. I, , am the ☐ Petitioner ☐ Respondent in the above entitled proceeding.

2. I am requesting address confidentiality because:

☐ Disclosure of my address or other identifying information would pose an unreasonable risk to my health or safety or my child(ren)'s health or safety.

☐ I am in a residential program for victims of domestic violence or a shelter provided for parents accompanying abused or neglected children, or a shelter for homeless persons.

☐ I have an address confidentiality order from the Court, dated / / .

3. I designate the following person as the agent for service of process and all papers in this case:¹

,

4. I agree to inform the person named above as the agent for service of process of any change in my address.

¹ Any person over the age of 18, who is not a party to the proceeding, or the Clerk of the Court may be designated as the agent for service of process and papers.

Sworn to me this day of

_____,

Petitioner Signature

Notary Public
(Deputy) Clerk of the Court

Print or type name

Service of all pleadings and legal papers upon Petitioner 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