

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

(DSS 10/14)
(Petition – Medical
Support)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

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

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

Commissioner of Social Services, Petitioner/Assignee
on behalf of

, Assignor
S.S. #

– against –

, Respondent
S.S. #

**PETITION FOR
MEDICAL SUPPORT
(Commissioner)**

.....
TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges that:

1. The Petitioner is the Commissioner of Social Services, whose official address is

,

, in the County of , State of New York, and is authorized to originate this proceeding (as
Assignee) pursuant to the Social Services Law and the Family Court Act.

2. Upon information and belief, the Assignor, , is the in this proceeding and resides at¹

,

¹ Unless the court has ordered the address to be confidential or an Address Confidentiality Affidavit (application for confidentiality) is made herewith pursuant to Family Court Act §154-b.

3. Upon information and belief, the Respondent, , is the in this proceeding and resides at²
- ,
- 4.
5. Upon information and belief, the child(ren) became eligible for medical assistance effective .
6. Upon information and belief, the Respondent has a legal responsibility to provide medical support for the child(ren), retroactive to the date of the filing of the petition or the date for which the child(ren) became eligible for medical assistance, whichever is earlier.
7. Upon information and belief, the Respondent, on or about , and subsequent thereto, has failed to provide fair and reasonable medical support for the dependent(s) according to Respondent's means and earning capacity.
8. Upon information and belief, as a source of income Respondent has an employer or income payor as defined in CPLR 5241(a), with the following name and address:³
- ,
9. Upon information and belief, no previous application has been made to any court or judge, including a Native American tribunal, or is presently pending before any court, for the relief herein requested

WHEREFORE, Petitioner prays for an order for medical support pursuant to the provisions of Section 413 of the Family Court Act effective retroactive to the date of the filing of the petition or the date for which the child(ren) became eligible for medical assistance, whichever is earlier, and that such support be payable to the SCU;

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

² See Note 1.

³ See Note 1.

Dated: _____

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

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