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Do Not Attach anything to this Petition
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- Items which the Judge has directed you to provide

**FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF BROOME**

In the Matter of

Family File No: _____

First Name MI Last Name
Petitioner

Docket No: _____

-against-

**PETITION FOR VISITATION
(When Petitioner is a Grandparent)**

First Name MI Last Name
Respondent1*

First Name MI Last Name
Respondent2*

THE PETITIONER, BEING DULY SWORN, STATES THAT:

I reside at: _____
Street Apt# City State Zip

Phone: Cell: () _____ Home: () _____ Work: () _____

Respondent1 resides at: _____
Street Apt# City State Zip

Phone: Cell: () _____ Home: () _____ Work: () _____

Respondent2 resides at: _____
Street Apt# City State Zip

Phone: Cell: () _____ Home: () _____ Work: () _____

1a. Respondent1 is my spouse; my former spouse; my parent; we have a child(ren) in common;
 other: _____

b. Respondent2 is my spouse; my former spouse; my parent; we have a child(ren) in common;
 other: _____

* Both parents must be named as Respondents.

2. The relationship of each party to the child(ren) named below is:

	<u>Mother</u>	<u>Father</u>	<u>Other</u>
Petitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Respondent 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Respondent 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

3. The children who are the subject of this proceeding are:

<u>NAME</u>	<u>DOB</u>	<u>LIVES WITH</u>		
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2
_____	_____	<input type="checkbox"/> PET	<input type="checkbox"/> RESP1	<input type="checkbox"/> RESP2

IF ANY OF THESE CHILDREN CURRENTLY LIVE OUT OF NEW YORK STATE, OR HAVE LIVED OUT OF NEW YORK STATE AT ANY TIME, YOU MUST FILL OUT THE "UCCJEA AFFIDAVIT"

4. Paternity was established by: Marriage Court Order Affidavit signed at birth.

IF PATERNITY WAS ESTABLISHED BY AFFIDAVIT OR AN ORDER OF FILIATION FROM ANOTHER COURT YOU MUST ATTACH A COPY OR THIS PETITION MAY BE DISMISSED.

5. State who has physical custody of the child(ren) and how and when custody was obtained: _____

6. I believe the court should hear my petition because (check *all* that apply):

- I am a grandparent
- I have an established relationship with the child(ren)
- The parent(s) has/have unreasonably frustrated/interfered with this relationship
- The parent(s) has/have refused to allow me access to the child(ren) under any circumstances
- The parent(s) is/are deceased

DO NOT WRITE BELOW THIS LINE. ATTACH ANOTHER PAGE IF NEEDED.

There are other reasons why the court should hear my petition, and they are: _____

7. State why it would be in the best interest of the child(ren) for you to have visitation: _____

8. State if there have been any other petitions for custody or visitation of these children and, if so, the date, the court, and the results: _____

9. Is anyone on active duty in the military? Petitioner Respondent1 Respondent2 No Party

10. To my knowledge, there is is not a Neglect or Abuse case concerning the child(ren) pending in this court another court (Identify the other court: _____)

11. Is any child named here a Native American child covered by the Indian Child Welfare Act of 1978 (25 U.S.C. §1901-1963)? Yes No

WHEREFORE, I ASK THE COURT TO GRANT THE RELIEF I HAVE REQUESTED AND FOR OTHER APPROPRIATE RELIEF.

VERIFICATION

STATE OF NEW YORK:
COUNTY OF BROOME:

The Petitioner herein, being duly sworn, states that the foregoing petition is true to the Petitioner's own knowledge, except as to matters stated to be alleged on information and belief and as to those matters, the Petitioner believes them to be true.

Petitioner (print or type name)

Signature

Sworn to before me this

_____ day of _____, 20_____

(Deputy) Clerk of the Court
OR Notary Public

Attorney's Name, if applicable (print or type name)

Attorney's Signature