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Except: - Continuation pages for any paragraph
- Items specifically required by the Petition form
- Items which the Support Magistrate or 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

Docket No: _____

Petitioner

-against-

**PATERNITY/PARENTAGE
PETITION**

First Name MI Last Name

Child's Name

Respondent1

Child's Date of Birth

First Name MI Last Name

Male Female

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: () _____

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

	<u>Mother</u>	<u>Alleged Father</u>	<u>Other</u>
Petitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Respondent1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Respondent2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

2. The mother had sexual intercourse with the alleged father on _____ or during the period from _____ to _____ and as a result, the mother became pregnant.

3. The mother gave or expects to give birth on (date) _____ to a male female unknown child named or to be named _____

4. If the child has been born, state the following and **ATTACH A COPY OF THE CHILD’S BIRTH CERTIFICATE**:

COUNTY OF BIRTH: _____
 CITY AND STATE OF BIRTH: _____
 HOSPITAL OF BIRTH: _____
 MOTHER’S MAIDEN NAME: _____

5. At the time of conception or after, was the mother married to anyone? Yes No
If yes, provide the husband’s full name, address, and date of birth as Respondent2 on the first page of this petition. Below state if there was a divorce and, if so, when and in what court.

Name of Husband: _____
 Date of Marriage: _____
 Date of Divorce: _____

6. For the individual you claim is the father of the child, state the following:

ALLEGED FATHER’S NAME: _____
 ALLEGED FATHER’S ADDRESS: _____
 ALLEGED FATHER’S DATE OF BIRTH: _____
 ALLEGED FATHER’S PLACE OF BIRTH: _____

If the Alleged Father’s name is on the birth certificate or if he signed an affidavit or acknowledgement of *paternity/parentage* at the hospital, ATTACH COPIES.

7. Has the Respondent admitted *paternity/parentage* (or acknowledged Petitioner’s *paternity/parentage*)?
 Yes No
If yes, state by what behavior *paternity/parentage* was admitted such as caring for the child, paying support, giving gifts, admissions to *paternity/parentage* on social media, in text messages, in cards or letters to the other person, etc.:

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

8. Have you previously filed a paternity petition involving this child? Yes No
 If yes, state the date, court, and results and attach a copy of any resulting order: _____

9. Is the child named here a Native American child covered by the Indian Child Welfare Act of 1978 (25 U.S.C. §1901-1963)? Yes No
- 10a. Has any other individual been adjudicated the father of this child in this, or any other (including Native American) court? Yes No
 If yes, name the individual: _____
- b. Has any other individual signed an Acknowledgment of *Paternity/Parentage*? Yes No
 If yes, name the individual: _____
11. Check which applies to you:
- I have applied for child support services with the Broome County Support Collection Unit (IV-D Program).
 - I am applying for child support enforcement services by filing this petition.
 - I do not wish to apply for child support services.
 - I am not eligible for child support enforcement services because only spousal support is sought.

**NOTICE
 FOR PETITIONERS SEEKING CHILD SUPPORT
 OR CHILD ENFORCEMENT SERVICES**

(1) **COST OF LIVING ADJUSTMENT:** A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS PETITION SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN 24 MONTHS AFTER SUCH ORDER WAS 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 CHLD SUPPORT STANDARDS ACT.

(2) **ADJUSTMENT FOR CHILDREN RECEIVING FAMILY ASSISTANCE:** 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 24 MONTHS AFTER SUCH ORDER WAS 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.

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

(3) **FAILURE TO NOTIFY SCU OF ADDRESS CHANGE:** 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.

WHEREFORE, I ASK THE COURT TO ISSUE A SUMMONS OR WARRANT REQUIRING RESPONDENT TO SHOW CAUSE WHY THE COURT SHOULD NOT ENTER A DECLARATION OF PATERNITY, AN ORDER OF SUPPORT, AND ANY OTHER RELIEF AS MAY BE APPROPRIATE UNDER THE CIRCUMSTANCES THE COURT FINDS TO BE JUST AND PROPER.

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