

ONTARIO COUNTY PETITION INFORMATION SHEET

03/2020

Please complete the following by filling in all blank spaces. If you do not know the information you may leave it blank. Social security number and date of birth for the parties and children should be provided. SS# must be provided in support cases. **If you are requesting your address be kept confidential, an application for confidential address must be completed and submitted. Please request this additional form from the clerk. FAMILY COURT CLERKS CANNOT FILL OUT FORMS FOR YOU.** If you need assistance you may contact an attorney (you are not required to have an attorney).

ALL COURT FORMS MUST BE COMPLETED IN BLACK INK.

PETITIONER (Person Filing)

Name: _____
Maiden Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Home: () _____
Cell: () _____
Email : _____
Address: _____
_____ Zip Code _____
Interpreter needed? ____ Yes ____ No
If yes, what language _____
Employer: _____

RESPONDENT (Other Party)

Name: _____
Maiden Name: _____
Date of Birth: _____
Place of Birth: _____
Social Security #: _____
Home: () _____
Cell: () _____
Email : _____
Address: _____
_____ Zip Code _____
Interpreter needed: ____ Yes ____ No
If yes, what language _____
Employer: _____

Physical Description of Respondent: Sex ____ Race ____ Ethnic Origin ____ Height ____ Weight ____
Eye color ____ Hair color ____ Driver's license# ____ License plate ____

Children of Parties: NAME	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY #	M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your signature(s) on the petition(s) must be witnessed, **except for support petitions**. Therefore, do not sign unless you are in front of a Notary/Commissioner of Deeds. This may be done at a bank or other location or by a Family Court Clerk. You must have **photo** identification.

In some cases, personal service is required. If you are required to personally serve the other party, instructions will be included when the petition and summons are returned to you.

Please return all completed forms to:
Ontario County Family Court
27 North Main Street
Canandaigua, NY 14424.

DATE: _____

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

REV. 4/2021

**[NOTE: Personal Information Form 4-5/5-1-d
containing social security numbers of parties
and dependents, must be filed with this Petition]**

Seventh Judicial District Family Court information:
<http://www.nycourts.gov/courts/7jd/courts/family>

In the Matter of

FILE #: _____

_____, **PETITIONER**
FIRST M.I. LAST (DOB) (PERSON FILING)

DOCKET#: _____

Address** _____

PETITION FOR

☐ **CHILD SUPPORT** ☐ **SPOUSAL SUPPORT**

-- OR --

-AGAINST-

☐ **MODIFY FAMILY COURT ORDER OF SUPPORT**

☐ **MODIFY ORDER OF ANOTHER COURT SUPPORT**

_____, **RESPONDENT**
FIRST M.I. LAST (DOB) (PERSON FILING AGAINST)

Address** _____

**** Or indicate if address ordered to be confidential pursuant to Family Court Act §154-b(2) or Domestic Relations Law § 254.
If requesting a confidential address, you must file a confidential address application (Form GF- 21).**

THE PETITIONER STATES THE FOLLOWING:

1. Petitioner is authorized (able) to begin this proceeding because:
- ☐ Petitioner and Respondent were married at _____ on _____
 - ☐ Petitioner and Respondent have the child(ren) named below in common
 - ☐ Other [Specify Petitioner's relationship to the child(ren) _____]

2. The (Petitioner) (Respondent) is chargeable with the support of the following (spouse)(dependents):

<u>Spouse:</u>	<u>NAME</u>	<u>DOB</u>	<u>SEX</u>	
_____	_____	____/____/____	M F	

<u>Child(ren):</u>	<u>NAME</u>	<u>DOB</u>	<u>SEX</u>	<u>LIVES WITH</u>
_____	_____	____/____/____	M F	<input type="checkbox"/> Pet <input type="checkbox"/> Resp
_____	_____	____/____/____	M F	<input type="checkbox"/> Pet <input type="checkbox"/> Resp
_____	_____	____/____/____	M F	<input type="checkbox"/> Pet <input type="checkbox"/> Resp
_____	_____	____/____/____	M F	<input type="checkbox"/> Pet <input type="checkbox"/> Resp

3. The relationship of each party to the child(ren) named above is: (If you are not a parent but are a relative, state whether you are related to the mother or the father).

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

4. [If the mother is not a party in this matter and has not been named in this petition]

Name and address of the mother is _____

☐ Mother is deceased

☐ Mother's address is confidential [pursuant to Family Court Act §154-b(2) or Domestic Relations Law § 254]

If there HAS NOT been a support Order issued in any court, complete numbers 5-8, & 16-18

5. The father of the child(ren) in this proceeding is (name) _____
(if the children have different fathers, **please complete a separate petition for each father**)
Paternity of the children was established as follows:
☐ Mother and Father were married at the time of conception or birth
☐ An Acknowledgment of Parentage signed on _____, 20__ for _____ (attach copy)
☐ Court Order of Filiation: Docket No. _____ (attach copy of Order if not from this Court)
- ☐ The father is deceased
☐ **PATERNITY HAS NOT BEEN LEGALLY ESTABLISHED**
(If the category selected does not apply to all children, explain)

6. Respondent, on or about _____ and thereafter, has not provided fair and reasonable support for Petitioner and the dependent(s) according to Respondent's means and earning capacity. **(Income)**
7. Respondent is unlikely to make payments in accordance with the order of support requested, because
☐ past lack of financial responsibility ☐ credit references ☐ credit history ☐ Other (specify): _____

8. Respondent has an employer whose name and address is _____
_____ as a source of income.

If there HAS been a support Order issued in any court complete numbers 9 through 18

9. By an Order of ☐ This Family Court ☐ Another Family Court [specify] _____
☐ Supreme Court [specify] _____ Order date _____
(You MUST attach a copy of the Order if it is not from this Court)
The ☐ Petitioner ☐ Respondent was directed to pay \$ _____,
(weekly)(Bi-weekly)(monthly)(other _____) for the support of the following child(ren):

10. The ☐ Petitioner ☐ Respondent was directed to pay _____ % of any uncovered (medical) (daycare) (dental) expenses.
The ☐ Petitioner ☐ Respondent was directed to provide (medical)(dental) insurance.
11. Payments are being made ☐ through the Support Collection Unit or ☐ directly to Mother/Father/Other.
☐ Petitioner ☐ Respondent ☐ had ☐ did not have a prior order of support that was payable through the Support Collection Unit.
12. a. ☐ Under the terms of the (judgment)(order), the (Supreme Court)(Other Court _____) has not retained exclusive jurisdiction to modify the (judgment)(order).
- b. ☐ The other Court is a court of competent jurisdiction outside the State of New York.

13. Since the entry of that Order, there has been a substantial change in circumstances as follows: **(state what has changed since the last Order was made)**¹ *see Footnote 1 below*
- ☐ Three years have passed since the order was entered, last modified or adjusted (UNLESS the parties have signed a valid agreement in which they agreed not to use this circumstance as a reason to request a modification of an order)² *see Footnote 2 below*
- ☐ There has been a fifteen percent or greater change in either party's gross income since the order was entered, last modified or adjusted [explain below] (UNLESS the parties have signed a valid agreement in which they agreed not to use this circumstance as a reason to request a modification of an order)³ *see Footnote 3 below*
- ☐ Other: _____
14. Because of this change in circumstances, the Order should be modified (changed) as follows: **(state how you want the Order changed)** _____
15. The Petitioner failed to make an application earlier for relief from said judgment or order directing payment prior to the accrual of arrears for the following reason(s). **(state why you did not file sooner)**. _____
16. Is either party paying support for a spouse or child(ren) that is/are **NOT** named in this petition? ☐ Yes ☐ No.
If yes, (name) _____ is directed to pay \$ _____ (weekly)
(Bi-weekly)(monthly) through (specify Court and county) _____
17. No previous application has been made to any judge or Court, including a Native American tribunal, for the relief requested in this petition (except _____)
18. I am hereby applying for child support services from the Support Collection Unit (the IV-D program pursuant to Title 6-A of the Social Services Law) through the filing of this petition, unless [check a box only if appropriate]:
- ☐ I have already applied for child support services from the Support Collection Unit (the IV-D program pursuant to Title 6-A of the Social Services Law)
 - ☐ I do not need to apply now because I have continued to receive child support services after the public assistance or care case for my family has closed.
 - ☐ I do not wish to apply for child support services.
 - ☐ I am not eligible to apply for child support services because I am petitioning for spousal support only.

¹If incarceration is the basis for alleging substantial change in circumstances, so state and indicate whether or not the incarceration resulted from a charge and/or conviction for nonpayment of child support or an offense against the custodial parent or child who is the subject of the child support order. See Family Court Act § 451(2)(a); Domestic Relations Law §236B(9)(b)(2)(I).

²This ground only applies to original or modified support orders entered on or after October 13, 2010.

³This ground only applies to original or modified support orders entered on or after October 13, 2010.

I REQUEST:

- ☐ AN ORDER OF SUPPORT
☐ THAT THE RESPONDENT BE REQUIRED TO PROVIDE ADDITIONAL COVERAGE FOR HEALTH INSURANCE OR
☐ THAT THE ORDER SETTING RESPONSIBILITY FOR DAYCARE/HEALTHCARE/HEALTH INSURANCE BE CHANGED
☐ THAT THE (JUDGMENT)(ORDER) OF THE (FAMILY COURT) (SUPREME COURT)(OTHER COURT _____) DATED _____, _____, BE MODIFIED AS SET FORTH ABOVE AND FOR ANY OTHER APPROPRIATE RELIEF.

DATED: _____

Signature of Attorney, if any

PETITIONER - signature

Attorney's Name (Print or Type)

PETITIONER - print name

Attorney's Address and Telephone Number

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.