

**You must file this affidavit within 10 days. If you fail to do so, your address will no longer be treated as confidential!**

DRL §§76-h(5), 254;  
FCA §§ 154-b; 818; 1015

Based on General Form 21  
Address Confidentiality Affidavit  
Rev 2/16/05

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF BROOME

.....

\_\_\_\_\_  
Petitioner,

against

\_\_\_\_\_

Respondent

.....

STATE OF NEW YORK )

)ss.:

COUNTY OF BROOME )

FF# No. \_\_\_\_\_

Docket No. \_\_\_\_\_

ADDRESS CONFIDENTIALITY  
AFFIDAVIT

1 I, \_\_\_\_\_, am the  Petitioner  Respondent in the above matter.  
(Print Name)

2 I am requesting address confidentiality because [check applicable boxes and provide facts]

I believe that 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. The reason(s) for my belief are as follows: *(must be filled in, use reverse if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 [specify court or state agency and date]:

\_\_\_\_\_

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

[ Clerk of Court  attorney\* or  other person\*]:

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

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Deputy) Clerk of the Court/Notary Public

\_\_\_\_\_  
Signature

\* If attorney or other person chosen, please  
Print the name and address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_