

*** For Office use only ***

Do Not Attach anything to this Petition
Except: - Continuation pages for any paragraph
- Items specifically required by the Petition form
- 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

Docket No: _____

Petitioner

-against-

**PETITION FOR ENFORCEMENT OF AN
ORDER MADE BY ANOTHER COURT**

First Name MI Last Name

Respondent1

- SUPPORT
- CUSTODY
- VISITATION

First Name MI Last Name

Respondent2

WARNING: THE PURPOSE OF THE HEARING REQUESTED IN THIS PETITION MAY INCLUDE A REQUEST TO PUNISH THE RESPONDENT FOR CONTEMPT OF COURT, WHICH MAY INCLUDE SANCTIONS OF A FINE OR IMPRISONMENT OR BOTH. YOUR FAILURE TO APPEAR IN COURT MAY RESULT IN YOUR IMMEDIATE ARREST AND IMPRISONMENT FOR CONTEMPT OF COURT.

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: _____

2. The Petitioner seeks enforcement of an order or judgment dated _____ made by the following court: _____

YOU MUST ATTACH A TRUE COPY OF THE JUDGMENT OR ORDER FOR FILING OR YOUR PETITION MAY BE DISMISSED

3. The judgment or order directed the Respondent to do the following: _____

4. The Respondent has [willfully] failed to comply with this judgment or order by the following actions: _____

5. State what action you request the Court to take to enforce this order. _____

6. Have you previously sought enforcement of this judgement or order: Yes No If so, state the following:
DATE: _____ / _____ / _____ COURT: _____
RESULTS: _____

7. The children affected by this order or judgment 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"

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

8. Check which applies to you (Support Only):
- 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.
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: _____)

NOTICE

(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.

(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.

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

WHEREFORE, I ASK THE COURT TO ENFORCE THE JUDGMENT OR ORDER AS SET FORTH ABOVE AND FOR ANY 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

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