



*The Women's Bar Association
of the State of New York*

presents

*Convention 2024
Continuing Legal Education Series*

**Fundamentals of New York
Adoption Proceedings**

May 31, 2024
2:00 pm - 3:30 pm

Presenters: Michael Andreani, Esq.
Hon. Jacqueline Ricciani, Esq.

FUNDAMENTALS OF NEW YORK ADOPTION PROCEEDINGS

Presentation by:

Hon. Jacqueline Ricciani, Family Court Judge

Michael Andreani, Esq., Associate Court Attorney



LEGAL ORIGINS OF ADOPTION: ROMAN LAW

- ❖ “**Adoptio**” - the legal process by which the head of a Roman Patrician household accepted another citizen into the family.
- ❖ Roman families “*familia*” served as an important economic, social and judicial unit of Roman society. The *paterfamilias*, the oldest male citizen in the family, was responsible for managing the *domus* (the nuclear family household), along with all of its holdings and extended family members. He was also responsible for upholding the honor and standing of the house and enforcing the Twelve Tables of Roman Law.
- ❖ Young adoptees became members of a new family with the same rights and responsibilities as the other citizens in the family. They benefited from the influence of the family, and these were often also arrangements of tutelage (the emperors Trajan, Hadrian, and Marcus Aurelius were all adopted by other imperial families). The legend of Romulus, founder of Rome, was that he was adopted by the shepherd who found he and his brother Remus wandering the wilderness.
- ❖ Adoptive families were able to guarantee successions and form dynasties separate and apart from hereditary luck. They nevertheless held to the legal precept that *Adoptio Naturam Imitatur* (adoption imitates nature) (*Adoption of Robert Paul P.*, 63 NY2d 233, 238 [1984]).

MODERN VIEW OF ADOPTION PROCEEDINGS

- ❖ **1851** - In the early 19th century, increased concern for the welfare of orphaned children led to the enactment of the first modern adoption statute in the State of Massachusetts in 1851.
- ❖ **1891** - Adoption proceedings were “unknown to the common law.” (*see generally Ex Parte Clark*, 87 Cal. 638 [Sup. Ct. of Cal., 1891]).
- ❖ **1926** - Adoption did not become legal in England and Wales until the passage of the Adoption Act of 1926. Northern Ireland and Scotland followed suit shortly thereafter. Adoptions occurred informally before that, often without a written agreement of any kind.
- ❖ **Modern Definition** - The right of adoption created by statute “operates as a permanent transfer of the natural rights of the parent. [As such, it is] repugnant to the principles of the common law.” (*Id.*).
- ❖ **Strictly Construed**- Because adoption proceedings are entirely statutory and in derogation of the common law, it has been held that “the legislative purposes and mandates must be strictly observed.” (*see Matter of Adoption of Robert Paul P.*, 63 NY2d 233, 238 [1984]).
- ❖ **DRL § 110 Definition**- “Adoption is the legal proceeding whereby a person takes another person into the relation of child and thereby acquires the rights and incurs the responsibilities of parent in respect of such other person.”

STATUTORY AUTHORITY

- ❖ **Domestic Relations Law Article VII**- Primary authority for all adoption proceedings; must be strictly adhered to. Supersedes the Family Court Act, Rules for the Family Court, and any applicable regulations if in conflict.
- ❖ **Family Court Act Article 6, Part 2**- Exceedingly brief – concerning only matters of jurisdiction, rules of the court, and considerations of blindness (also addressed in the Domestic Relations Law).
- ❖ **Social Services Law Article 6, Title 1**- Contains special provisions applicable to Agency Adoptions, the rights of prospective adoptive parents, and services to be provided to prospective adoptive homes.

- §372-b Adoption Services
- §372-d Service Purchases by DSS
- §372-e Adoption Application Appeals
- §372-f Statewide Adoption Service

- §372-h Reporting on Post Adoption Services
- §373 Religious Faith (Placement)
- §373-a Medical Histories
- §374-a ICPC

RULES / REGULATORY AUTHORITY

❖ Uniform Rules for the Family Court

- 205.52 (Adoption rules; application; timing and venue of filing of petition);
- 205.53 (Papers required in an adoption proceeding);
- 205.54 (Investigation by disinterested person; adoption);
- 205.55 (Special applications to dispense with personal appearances, period of residence, or waiting period).

❖ New York Regulations– 18 NYCRR § 421.1-27.

- 421.1 Definitions
- 421.2 Principles of Adoption Services
- 421.6 Surrender Procedures
- 421.7 Termination of Parental Rights
- 421.8 Services to Children
- 421.11 First Contact / Prospective Adoptive Parents
- 421.12-14 Applications / Waiting List
- 421.15 Adoption Study Process
- 421.16 Adoption Study Criteria
- 421.21-22 Reimbursement for Expenditures
- 421.24 Adoption with Subsidy
- 421.26 Adoptive Placements Across County and State Jurisdictions

PARTIES, JURISDICTION AND VENUE (DRL § 110)

Single Parent Adoptions

- ❖ An unmarried adult.
- ❖ A married adult separated from their spouse for at least three years before the commencement of the proceeding, or pursuant to a written separation agreement.

Two Parent Adoptions

- ❖ A married couple.
- ❖ Two unmarried adult intimate partners (the relationship need not be romantic).
- ❖ A married minor (stepparent adoption only).

PARTIES: PERMISSIBLE CONSIDERATIONS

- ❖ **Cancer Patients**- It is unlawful to deny a prospective adoptive parent(s) solely on the basis that they have, or have had “cancer or any other disease...” However, “nothing herein shall prevent the rejection of a prospective applicant based upon his or her poor health or limited life expectancy.” (DRL § 110).
- ❖ **Previously Established Parentage**- A petition to adopt, where the petitioner’s parentage is already legally recognized under New York law, shall not be denied solely on that basis (i.e., you may adopt your own child).
- ❖ **Visually Impaired Persons**- “[T]he court may not deny or decide a petition for adoption solely on the basis that the petitioner is blind.” Blindness is only considered relevant to the extent that it may affect the best interests of the adoptive child (DRL § 111-d).

CRIMINAL BACKGROUND CHECK

- ❖ **Agency Adoptions**(SSL § 378-a[2][a]-[e]) – Agencies must conduct a criminal background check of prospective foster / adoptive parents before final certification or approval for placement.
- ❖ **Private Placement Adoptions**(DRL § 115-d[3-a][a]-[c]) – Requires parties seeking certification as qualified adoptive parents to have a criminal background check. The court must deny certification for certain offenses.
- ❖ **Mandatory Denial / Disqualification**
 - Regardless of When Committed – A felony involving child abuse or neglect, spousal abuse, a crime against a child (including child pornography); crimes of violence including sexual assault, homicide, physical assault or battery.
 - Within Five Years – Felony assault, battery or drug related offenses, unless eligible for expungement.
 - Purpose – Child protection. Individuals with this type of background are presumptively unfit to be entrusted with the care and safety of a child in a judicially sanctioned arrangement.

TYPES OF ADOPTION PROCEEDINGS: AUTHORIZED AGENCY ADOPTIONS

- Authorized Agency Adoptions (AKA Agency Adoptions or “AA”) and the guidance for filing and completing them are the default rules.
- Adoption of a child who is in the care of an authorized agency (defined in Social Services Law § 371[10]).
- Most commonly involving the Department of Social Services (DSS) and foster care children who are free for adoption.
- The Office of Children and Family Services (OCFS) maintains a comprehensive list of all authorized agencies with an approved adoption program (both foreign and domestic):

FREEING CHILDREN FOR ADOPTION

Initial Placement Mechanisms

- (1) Child Protective Proceedings (Abuse / Neglect);
- (2) Juvenile Delinquency;
- (3) Placement for Treatment;
- (4) Destitute Children; and
- (5) Voluntary Placements.

Permanency Planning for Foster Care Children

- ❖ **Foster Care Placements are Temporary** – Most children entering foster care are able to return home. A permanency planning goal will be set for each child upon entry into foster care and periodically be approved by the court in accordance with FCA § 1089. The initial permanency planning goal is almost always return to parent.
- ❖ **Alternative Goals to Adoption**– Return to Parent (most common plan and method of discharge); Referral for Legal Guardianship; Placement with a Fit and Willing Relative; Placement in Another Planned Living Arrangement.

PERMANENCY PLANNING: PLACEMENT FOR ADOPTION

- ❖ Setting a goal of placement for adoption triggers certain obligations on the part of DSS:
 - 1) Within 30 days of the establishment of this PPG, DSS must file an action to free the child (18 NYCRR 430.12[e][1]). Most commonly a termination of parental rights (TPR) based upon abandonment or permanent neglect. The parents may also surrender their parental rights, with or without conditions.
 - 2) Within 12 months of establishing this PPG, the child must be freed for adoption (*Id.*).
 - 3) Within 6 months of the child becoming freed for adoption, the child must be placed in a pre-adoptive home (18 NYCRR 430.12[e][2]). Not applicable to children who live in an OMH or OPWDD placements.
- **3 Month Residency Requirement Before Finalization** -Where the adoptive child is less than eighteen years old, the child must have resided with the adoptive parents for at least three months before the adoption can be finalized (DRL § 112[6]).

PROCEEDINGS TO FREE CHILDREN

- ❖ **Death of Parent / Guardian**(common in children who enter foster care as destitute children);
- ❖ **Surrender** (Judicial or Extra-Judicial) (See Part 3: Post-Adoption Contact);
- ❖ **Termination of Parental Rights**(SSL § 384-b; All by Clear and Convincing Evidence; Only in Family Court):
 - Abandonment by a Parent or Guardian (for six months or more that a child has been in the care of an authorized agency there has been no significant contact with the child or agency; formerly the only method of terminating parental rights; no dispositional hearing necessary; no consideration of best interests).
 - Permanent Neglect By a Parent / Guardian (failure to maintain contact with child or plan for their future for twelve consecutive months or 15 of the most recent 22 months).
 - Mental Illness (requires examination by a psychiatrist or psychologist and competent medical testimony as to present mental state).
 - Developmental Disability (similar proof to mental illness; requires impairment to the extent that a child would become neglected in care).
 - Severe or Repeated Abuse (as defined in SSL § 384-b; reserved for the most egregious cases of child abuse).

AGENCY STANDARDS

- ❖ **Obligation of the State-** “For each child deprived of a family, an adoptive family shall be sought in which he may have the opportunity for growth and development through loving care, parental guidance and the security of a permanent home” (NYCRR 421.2[a]).
- ❖ **Home Finding Units–** Authorized agencies operating adoption programs must have home finding units that accept public inquiries and immediately respond (18 NYCRR 421.11).
- ❖ **Statewide Adoption Service–** Serves all authorized agencies in the state. Recruits adoptive families for children who are legally free for adoption but remain in foster care for three months or more (SSL 372-f[1]).
- ❖ **Obligation to Keep Siblings Together–** Children from the same family must be placed together in prospective adoptive homes unless such placement would be detrimental to one or more of them (18 NYCRR 421.2[d]).

JURISDICTION AND VENUE

- ❖ **Surrogate's Court**- Prior to 1964, almost all adoptions occurred in Surrogate's Court. The amendment of the NYS Constitution and enactment of the FCA in 1961 changed that. Jurisdiction is now concurrent with the Family Court (FCA § 641).
- ❖ **Continuity Preferred**- Where possible, AA must be filed in the county where the TPR / Surrender occurred, or the last child protective proceeding; and will preferably be assigned to the same judge (DRL § 113[3]).
- ❖ **"Filed" Defined**- An AA is not deemed "filed" until DRL § 112-a requirements (strictly adhered to) are fully satisfied. The role of the court is to determine whether a complete adoption application can be approved in the child's best interests. The Court lacks jurisdiction to act on an incomplete filing (*see In re Ralph*, 274 AD2d 965 [4th Dept., 2000]).

VENUE: WHERE TO FILE?

- ❖ **Where to File?**– Surrogate’s Court and Family Court have concurrent jurisdiction. Continuity considerations (with the same judge and court that handled any prior proceedings) and local practices generally dictate.

Family Court			Surrogate’s Court	Family or Surrogate’s
<ul style="list-style-type: none"> • Bronx • Kings • Queens • Richmond • Columbia • Greene • Rensselaer • Schoharie • Sullivan • Ulster • Clinton • Franklin • Fulton • Hamilton • Montgomery • St. Lawrence 	<ul style="list-style-type: none"> • Saratoga • Schenectady • Warren • Washington • Herkimer • Jefferson • Lewis • Oneida • Onondaga • Oswego • Broome • Livingston • Monroe • Ontario • Seneca • Steuben 	<ul style="list-style-type: none"> • Yates • Cattaraugus • Chautauqua • Genesee • Niagara • Orleans • Wyoming • Putnam • Rockland • Orange • Dutchess • Westchester • Nassau • Suffolk 	<ul style="list-style-type: none"> • Essex • Chenango • Cortland • Otsego • Schuyler • Tioga • Tompkins • Chemung • Delaware • Cayuga • Wayne • Allegany • Madison 	<ul style="list-style-type: none"> • Albany County • Erie County • New York County

REQUIRED FILINGS

- ❖ **Statutory Filings DRL § 112-a** –AA deemed filed when the clerk receives a verified petition, verified schedule, agreement of adoption, all required consents, the child’s medical history, ICPC documentation (if applicable, and the home study (*see also* DRL § 112[2],[2-a],[3],[5],[7]).
- ❖ **Part 205 Required Filings** –Outlined in the Uniform Rules of the Family Court. Forms and a checklist are maintained at NYCourts.gov: [Adoption Forms | NYCOURTS.GOV](https://www.nycourts.gov/Adoption-Forms)
- ❖ **Caption / Use of Child’s Surname**– The child’s first name only should be used in the caption and none of the filed documentation that is signed by the prospective adoptive parents should contain the surname anywhere (*see* DRL § 112[4]).
- ❖ **Expedited Calendaring**– Within 60 days of filing (petition and statutory filings) the court must schedule a review to determine if there is an adequate basis to approve the adoption. If approved, the court will schedule a ceremony within 30 days (22 NYCRR 207.62[a]-[c]). If incomplete, the court may direct further hearings, submissions or appearances as may be required to proceed.
- ❖ **Adoption Ceremony**– Once all filings are completed, the adoptive parent(s) and child must appear before a Judge or Surrogate to approve the adoption. Discretion to dispense with the personal appearance of the child or a parent who is on active military duty (DRL § 112[1]).

TYPES OF PRIVATE PLACEMENT ADOPTIONS

- ❖ **Private Arrangement Adoptions**– Adoptions arranged between the birth parent(s) and adoptive parent(s) (often by a relative or friend).
- ❖ **Stepparent Adoption**– Adoption of a spouse’s child (often the parties already reside together, the court is merely formalizing the family arrangement).
- ❖ **Private Agency Adoption**– Non-profit entities that deal directly with expecting mothers and prospective adoptive parents to create an adoption plan. Services to the mother often involve counseling, assistance with living expenses, childcare, medical care, and post-adoption services.
- **Adult Adoptions**– Adoption by a person who is over the age of eighteen (often to formalize a family arrangement that already exists).

PRIVATE PLACEMENT ADOPTIONS

- ❖ **DRL § 115-d(1)(a)**- Generally proceed in the same manner as agency adoptions.
- ❖ **Requirement of Certification**– Prospective adoptive parents are obligated to become certified as “qualified adoptive parents” in accordance with the provisions of DRL § 115-d before filing a petition and before a child comes into their care (DRL § 115[b]).
- ❖ **Venue** - The county where the adoptive parents reside, or, if the parents do not reside in New York, the county where the child resides (DRL § 115[2]).
- ❖ **Required Forms**– Verified petition, consents (DRL § 111), Agreement of Adoption, affidavit attesting to change of circumstances since certification, affidavits concerning financial compensation and fees. A verified schedule is not required, however, the facts required to be stated therein are set forth in the petition (DRL § 115[11]).
- ❖ **Use of Surname**– May appear in the papers and caption (DRL § 115[11]).
- ❖ **Interstate Compact for the Placement Children**– Must be complied with if the child was placed or brought to NY for the purpose of adoption from a state that is a party to the ICPC. The petition must set forth a statement in accordance with SSL § 374-a and file proof of compliance (DRL § 115[12]-[13]).

PRE-PETITION CERTIFICATION OF ADOPTIVE HOME

- ❖ **Before 1989**– Children were often placed by private actors without court review of the propriety and appropriateness of the placement.
- Need to Preserve Integrity of Proceedings - Lack of judicial oversight allowed violations of SSL § 374(2) (only parents, legal guardians, immediate relatives and authorized agencies may place or board out children), often for illicit financial gain (NYS has long sought to prevent) (*see* SSL § 374[6] regarding permissible circumstances for fees and expenses).
- Need for Legal Permanence – Private actors could have *de facto* care and custody of a child in perpetuity without legalizing the arrangement in any way.
- ❖ **Contemporary Practice Requires Certification**– Prospective adoptive parents must register with the court before taking care and custody of a child and before petitioning for adoption. This affords the court the opportunity to ensure the fitness of individuals accepting care and custody of a child not their own.

PRE-PETITION CERTIFICATION OF ADOPTIVE HOME: PROCEDURES

- ❖ DRL § 115-d – Requires, as a prerequisite to petitioning for adoption, that the prospective adoptive parents petition to become qualified adoptive parents.
- Stepparent Adoptions Excluded – Where the child has resided with the birth parent and stepparent continuously for one year (DRL § 115-d[9]).
- Required Forms – Verified petition (substantially similar contents as agency and private placement petitions), Home Study, marriage certificate, divorce / death certificate, adoptive parent’s medical history (if not set forth in home study).
- Waiver of Certification – For “good cause shown.” If waived, the adoptive parents taking custody of a child must file for temporary guardianship (DRL § 115-c).
- ❖ Order of Certification – Upon approval, the Court will issue a certification order, valid for a period of up to eighteen months, permitting the applicant(s) to accept physical custody of a child for the purposes of an adoption.

CONSENT REQUIREMENTS: DEFAULT RULES

- ❖ **Adoptee** - Required if over fourteen; can be dispensed with (DRL § 111[1][a]).
- ❖ **Both Parents of Marital Children**– If the child was conceived or born during the marriage (DRL § 111[1][b]).
- ❖ **“Consent” Parents of Non-Marital Children**– The consent of the birth mother is always required (DRL § 111[1][c]) (subject to the abandonment exception); as is the consent of a parent who has signed an acknowledgement, or where parentage has been judicially determined (DRL § 111[1][i]) (subject to the “no consent” and abandonment exceptions).
- ❖ **Persons with Lawful Guardianship / Custody**– Orders and letters should be filed with the petition (DRL § 111[1][d]).
- ❖ **Re-Adoption**– An adoptee can be adopted a second time in the same manner as from their birth parents and their consent is not required, but the court may direct notice be given to them (DRL § 111[5]).

ENTITLEMENT TO NOTICE

- ❖ **DRL § 111(3)(a)**– Notice of the proposed adoption must be given to anyone whose consent is required and has not already provided it.
- ❖ **Legally Established Parents (Regardless of Ability to Consent)**- Any person who has been adjudicated to be a parent, anyone who has filed a notice of intent to claim parentage, and any person recorded on the child’s birth certificate as a parent (DRL § 111-a[2][a]-[d]).
- ❖ **Potential Fathers**- Any person openly living with the child and mother at the time of the proceeding holding himself out as a father; any person identified as the father in a sworn statement by the mother; any person married to the birth parent 6 months subsequent to the birth of the child and prior to the execution of a surrender instrument; any person who has filed with the putative father registry (DRL § 111-a[e]-[h]).
- ❖ **Exception for Sex Offenders**– Notice need not be given to any legally established parent convicted of certain serious sexual offenses in this state or that would meet the elements of the offenses if out of state (DRL § 111-a[1]).

PURPOSE OF NOTICE

- ❖ **Opportunity To Be Heard**– Notice permits the interested party the ability to present evidence to the court that is relevant to the best interests of the child (DRL § 111[3]).
- ❖ **Obligation to Serve**– The petitioning adoptive parents are responsible for arranging service of the notice in accordance with the court’s order.
- ❖ **Timing**– Personal service or, with court approval, registered or certified mail to last known address at least 20 days before the proceeding is heard (DRL § 111[4]). Service by publication is not required.
- ❖ **Form of Notice / Process**– Must inform the interested party of the time, date, location, and purpose of the proceeding. Must also inform them that their failure to appear constitutes a denial of their interest in the child (DRL § 111-a[6]). Not required to contain the name of the prospective adoptive parents (DRL § 111[3][d]).
- ❖ **Waiver**– An interested party may waive notice as long as the waiver is executed in the same manner as would be required for a surrender instrument.
- ❖ **Post-Proceeding Remedies**– If properly served / waived and the interested party fails to appear, the order of adoption cannot be vacated, annulled or reversed upon their later application (DRL § 111-a[7]).

DISPENSING WITH CONSENT

- ❖ **“No Consent Fathers”**– DRL 111(1)(f)(i-ii) outlines circumstances where, even though paternity has been established, the individual has not evinced sufficient parental interest. That parent may merely be a name on a birth certificate, having never met the child or paid support. Under such circumstances, consent can be dispensed with. This is a threshold consideration for fathers where it is alleged that they abandoned (*see Matter of Andrew Peter*, 64 NY2d 1090, 1091 [1985]). Determined after a hearing.
- **Incarceration** – Standing alone, not a defense; does not establish an inability to pay child support (*John Q. v. Erica R.*, 104 AD3d 1097, 1099 [3d Dept., 2013]).
- ❖ **Abandonment**– Parents and or legal custodians / guardians who have evinced an intent to forego their parental / custodial rights as manifested by a failure to visit / communicate with the child or persons caring for the child for a period of 6 months or more prior to the filing of the petition (DRL § 111[2][a]).
- ❖ **Persons Under Disability**– Same criteria as a TPR under SSL § 384-b for parents suffering from mental illness / developmental disability (DRL § 111[2][d]).
- ❖ **Adult Adoptions**– If the adoptee is over the age of eighteen, parental / custodial consent is not required (DRL § 111[4]).

CONSTITUTIONAL CONSIDERATIONS FOR UNWED PARENTS

- ❖ **Expecting Mothers**– No obligation to disclose pregnancy to the biological father prior to putting the child up for adoption (but can't be deceptive) (*see Robert O. v. Russell K.*, 80 NY2d 254, 262 [1992]).
- Disclosure Not Compelled - No need to identify the biological father to the court or petitioning adoptive parents prior to the approval (*Id.*). Biological mothers have privacy rights.
- ❖ **Notice / No Consent Fathers**– No constitutional liberty interest is created solely by biological connection to a child. There must be an attempt to form a bond with the child before “the inchoate right created by biology [can] blossom into a protected liberty interest”
- The High Cost of Inaction – Even where a father did not know that he had a child, he had a duty to act to timely to discover that fact, and it will be held against him if nothing prevented him from doing so (*Id.*).

POST-ADOPTION CONTACT

- ❖ **Generally, Cannot be Compelled With Birth Parents**- The parent's right to visitation ends when their parental rights are terminated (*see generally In re Hailey ZZ.*, 19 NY3d 422 [2012]). Surrendering parents may reserve some rights to continued contact (SSL § 383-c).
- ❖ **Grandparent / Sibling Exception**- In accordance with DRL §§ 72 and 71.
- ❖ **DRL § 112-b[1]**- Parties may enter into an agreement for post-adoption contact between the adoptee and a birth parent, biological siblings, or half siblings.
- ❖ **Applicability**- Clearly contemplated for agency adoptions, also permissible for private placement adoptions (*see In re Andie B.*, 102 AD3d 128 [3d Dept., 2012]).
- ❖ **Enforceability**- Predicated on written terms of the agreement being incorporated by court order at the time of the adoption, consented in writing by the parties, including the AFC. Must be in best interests at the time the court approves the surrender (DRL § 112-b[2]).
- ❖ **Remedies on Enforcement**- Not grounds to challenge the adoption or revoke consent (DRL § 112-b[3]).
- ❖ **Contents of Agreement**- May include in-person visits at regular intervals, phone calls, photographs, updates, the right to send gifts, etc.

POST ADOPTION CONTACT AGREEMENTS: ENFORCEMENT

- ❖ **By Any Party**– Any party to the agreement may enforce it, including the adoptive parents, who are necessary parties (DRL § 112-b[4]; *Matter of Riley XX.*, 204 AD3d 1315 [3d Dept., 2022]).
- ❖ **No Procedural Mechanism To Modify**– Unlike custody orders, post-adoption contact agreements have a presumption of finality. However, the court may decline to enforce an agreement that is no longer in the child’s best interests (DRL § 112-b[4]). An evidentiary hearing is generally necessary, but contact can be terminated (*see Matter of Lynn X.*, 145 AD3d 1291, 1292 [3d Dept., 2016]).
- Order of Protection – May issue, where appropriate, pursuant to FCA § 656 (*Matter of Kristian J.P.*, 74 AD3d 1337, 1338 [4th Dept., 2011]).
- ❖ **Best Procedural Guidance**–Family Court must consider the circumstances underlying the agreement, including that significant parental shortcomings were known at the time of surrender and the court nevertheless approved it (*Matter of Jennifer JJ.*, 203 AD3d 1444 [3d Dept., 2022], Gary J., Dissenting.)

POST ADOPTION CONTACT AGREEMENTS: ENFORCEMENT REASONS

- ❖ **Not Following Order Procedures** -Failure to adhere to procedures for initiating contact (*see Matter of Sapphire W.*, 120 AD3d 1584 [4th Dept., 2014]).
- ❖ **Not Following Order Terms** -Attempting contact beyond what is expressly provided for in the agreement (*see Matter of Riley XX.*, 204 AD3d 1315 [3d Dept., 2022]).
- ❖ **Use of Social Media**- Posting pictures of adoptees on social media (*see Scott v. Rhodes*, 188 AD3d 1075 [2d Dept., 2020; *Matter of Riley, supra*]).
- ❖ **Children React Poorly** -Bad reactions on the part of the adoptees during or after contact (*Scott v. Rhodes, supra*).
- ❖ **No-Show / Missed Visits** -Missed visits, even if they are the result of a parent's incarceration (the rationale is that incarceration resulted from the party's own conduct) (*see Adoption of Mya V.P.*, 79 AD3d 1794, 1795 [4th Dept., 2010]).

PROPOSED LEGISLATION: POST-ADOPTION CONTACT

- ❖ **Preserving Family Bonds Act**– proposed legislation; passed both chambers; vetoed in 2019, 2021 and 2023 by the Governor.
- Would afford judges the discretion to order post-termination contact with birth parents in circumstances where consent to such contact is unreasonably withheld, and the child was not severely or repeatedly abused (*see generally* Assembly Bill A5394; Senate Bill S6720).
- Proponents of the legislation argue it is consistent with federal guidance and research that the preservation of family, cultural and community ties, where appropriate, is in the best interests of adoptees who desire such contact.
- Opponents of the legislation argue it does not adequately protect adoptive families by impermissibly interfering with their parental rights and decision-making authority; it diminishes the quality and importance of the new family relationship; it invites frivolous litigation and it favors the wishes of unfit birth parents over the decisions of fit adoptive parents. It is argued this may further exacerbate the shortage of those willing to be foster and adoptive parents.

THE END

QUESTIONS OR COMMENTS?

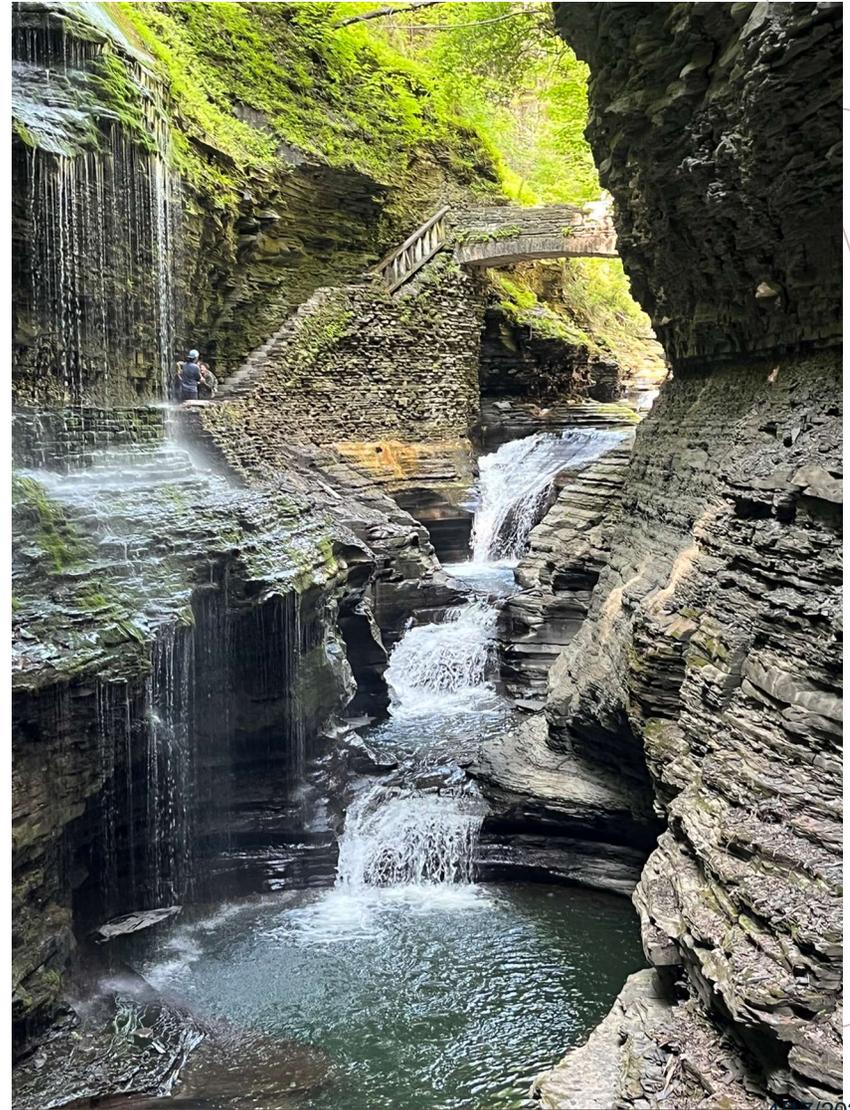
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4/17/2024

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Private Placement Adoptions: Required Forms

To Be Submitted by the Petitioning Adoptive Parents

- Petition;¹
- Child's Medical History;
- Certified Copy of Child's Birth Record;
- Affirmation Identifying Party;²
- Affirmation of Financial Disclosure;³
- Affirmation of Change of Circumstance (qualified adoptive parents);
- Supplemental Affirmation;
- Affirmation in Support of Non-Consent or Abandonment;
- Judicial Consent / Death Certificate;
- Extrajudicial Consent (stepparent);
- Extrajudicial Consent (birth parent);
- Adoption Information Registry Form (if applicable);
- Attorney Affirmation and Proof of Filing;
- Marital History Affidavit; ⁴
- Marriage Certificate;
- Certified Copies of Judgments of Divorce /Death Certificates;
- Home Study and Affirmation of Disinterested Party;
- Request For Information (OCFS-3937);
- Proof of Fingerprinting;
- Adoptive Applicant Medical Report (if required);⁵
- References (if required);
- Report of Adoption;⁶
- Proposed Order of Adoption;

Prepared by the Court

- Order Directing Service of Notice;
- Proposed Notice of Adoption;
- Order for Investigation (home study);

¹ Certification, Private Placement, or Adult Adoption petition as applicable to your case.

² Best practice to attach copies of photo identification to avoid duplication of clerical errors.

³ Only a schedule of assets is required for certification.

⁴ Best practice to provide the full marital history of both Petitioners, whether married or unmarried.

⁵ Best practice to utilize the form promulgated by OCFS.

⁶ Only applicable to children born in New York State, outside of New York City.

.....
In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

by Adoptive Parent(s)

PETITION
(Certification
as a Qualified
Adoptive Parent)
(Private-Placement)

.....
The Petitioner(s) respectfully allege(s) to this Court that:

[Delete inapplicable provisions]:

1. (His)(Her)(Their) name(s), residential address and telephone number are:

Petitioner (specify name):

Petitioner (specify name):

2. (He)(She)(They) (is)(are) seeking certification by this court as (a) person(s) qualified to take custody of the adoptive child [specify first name], (prior to) (contemporaneous with) the filing of a private-placement adoption petition.

3. (He)(She)(They) (has) (have) (not) been the subject of a pending child protective investigation or of an indicated report, as such term is defined in section 412 of the Social Services Law, filed with the statewide register of child abuse and maltreatment pursuant to Title six of Article six of the Social Services Law.

4. A pre-placement investigation will be undertaken by a disinterested person, as such term is defined in section four of 115-d of the Domestic Relations Law, and a written report of such investigation will be furnished directly to the court by such disinterested person.

5. The marital, family status and history of the Petitioner(s) (is) (are):

Petitioner (specify name):

Petitioner (specify name):

6. The physical and mental health of the Petitioner(s) (is)(are):

Petitioner (specify name):

Petitioner (specify name):

7. Attached hereto and made a part hereof is a statement of all property owned by and income of the Petitioner(s).

8. Petitioner(s) (has) (have)(not ever been) (a) respondent(s) in any proceeding in a court concerning alleged (abused) (neglected) (abandoned) children, (except as follows):

Petitioner (specify name):

Petitioner (specify name):

(b) (Petitioner(s) (have) no prior criminal convictions or founded findings of child abuse or neglect (except as follows):¹

Petitioner (specify name):

Petitioner (specify name):

9. Petitioner(s) (has)(have) (not) made any prior application for certification as (a) qualified adoptive parent(s); if so, the disposition and disposition date of such application was as follows:

Petitioner (specify name):

Petitioner (specify name):

);

10. Petitioner(s) (do)(does) (not) intend to cause a pre-placement investigation to be undertaken (and request(s) this court to appoint a disinterested person to conduct such pre-placement investigation;)

WHEREFORE, Petitioner (s) pray(s) for an order (conditionally)² certifying Petitioner(s) as (a) qualified adoptive parent(s).

Petitioner: typed or printed name / signature

Petitioner: typed or printed name / signature

Attorney: typed or printed name/ signature

¹Fingerprint cards must be provided to the Court so that a criminal history report can be obtained from the N.Y.S. Division of Criminal Justice Services pursuant to Domestic Relations Law Section 115-d(3-a).

²Applicable only if petition seeks conditional certification pursuant to D.R.L. Section 115-d(6).

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
 ss:
COUNTY)

being duly sworn, says that (he)(she)(they) (is)(are) the Petitioner(s) in the above-named proceeding and that the foregoing petition is true to (his)(her)(their) own knowledge, except as to matters therein stated to be on information and belief and as to those matters (he)(she)(they) believe(s) to be true.

_____/_____
Petitioner: typed or printed name/ signature

_____/_____
Petitioner: typed or printed name/ signature

Sworn to before me this
day of , .

(Deputy) Clerk of the Court
Notary Public

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

PETITION FOR
ADOPTION
(Private-Placement)

.....
The Petitioner(s) respectfully allege(s) to this Court that :

[Delete inapplicable provisions.]:

1. Petitioning adoptive parent [specify name]:

a. resides at [specify address, including county]:

b. is of full age, having been born on [specify date of birth]:

c. is (unmarried)

(married to [specify name]:

and living together

(married to [specify name]:

and living separate

and apart pursuant to a decree or judgment of separation or pursuant to a separation agreement
subscribed by the parties thereto and acknowledged or proved in the form required to entitle a
deed to be recorded);

(married to [specify name]:

and living separate and

apart for at least three years prior to commencement of the proceeding);

d. is of the following religious faith, if any:

e. is engaged in the following occupation [specify]:

and earns \$

(of which \$ is support and maintenance to be received from the Commissioner of Social
Services on behalf of the adoptive child).

2. Petitioning adoptive parent [specify name]:

a. resides at [specify address, including county]:

b. is of full age, having been born on [specify date of birth]:

c. is (unmarried)

(married to [specify name]:

and living together

(married to [specify name]:

and living separate

and apart pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the parties thereto and acknowledged or proved in the form required to entitle a deed to be recorded);

(married to [specify name]:

and living separate and apart for at

least three years prior to commencement of the proceeding);

d. is of the following religious faith, if any:

e. is engaged in the following occupation [specify]:

and earns \$

in approximate annual income (of which \$ is support and maintenance to be received from the Commissioner of Social Services on behalf of the adoptive child).

3. The full name, date and place of birth of the adoptive child is

[attach certified copy of birth certificate]

4. Upon information and belief, the religious faith of the adoptive child, if any, is

5. The following is information, as nearly as can be ascertained, concerning the birth or legal parents of the adoptive child:

(a) Full name and last known address

Parent (specify full name and address, if known):

Parent (specify full name and address, if known):

(b) Age and date of birth

Parent (specify name):

Parent (specify name):

(c) Heritage (specify nationality, ethnic background,

race)

Parent (specify name):

Parent (specify name):

(d) Religious faith, if any

Parent (specify name):

Parent (specify name):

(e) Education (specify number of years of school or degrees completed at time of birth of adoptive child)

Parent (specify name): _____

Parent (specify name): _____

(f) General physical appearance at time of birth of adoptive child (height, weight, color of hair, eyes, skin)

Parent (specify name):

Ht: _____ Wt: _____

Hair Color: _____ Eye Color: _____

Skin Color: _____

Parent (specify name):

Ht: _____ Wt: _____

Hair Color: _____ Eye Color: _____

Skin Color: _____

(g) Annex Form 1-D which provides health and medical history at time of birth of adoptive child, including conditions or diseases believed to be hereditary and any drugs or medication taken during pregnancy by child's mother.

(h) Any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interests of parents: [attach separate sheet if necessary]

6. The manner in which the adoptive parent(s) obtained the adoptive child is as follows:

7. The adoptive child resided with the adoptive parent(s) from [indicate date]:

8. Other persons living in the household are: [Specify names and dates of birth]:

9. The name by which the adoptive child is to be known is:

10. Upon information and belief, the adoptive child (has) (has not) been previously adopted.

11. The full name(s) and address(es) of any person(s) having lawful custody of the adoptive child, if known (is)(are)

12. On information and belief, pursuant to Domestic Relations Law §111,

(a) the consent of the birth or legal parent of the adoptive child is attached hereto is not required because

(b) the consent of the birth or legal parent of the adoptive child is attached hereto is not required because

(c) the consent(s) of the above-named person(s) having lawful custody of the adoptive child is attached hereto is not required because

(d) The consent(s) of other person(s)[specify name(s)]: child is attached hereto is not required because

13(a)(The consent of the birth or legal parent [specify name]: _____ was executed pursuant to section 115-b(3) of the Domestic Relations Law on _____, _____; the 45th day after execution of the consent is _____, _____.

(b) (The consent of the birth or legal parent [specify name]: _____ was executed pursuant to Section 115-b(3) of the Domestic Relations Law on _____, _____; the 45th day after execution of the consent is _____, _____.)

[DELETE IF INAPPLICABLE]: 14. This court is not the court named in the consent(s) of the parent(s) of the adoptive child, attached hereto, as the court in which the adoption proceeding will be commenced, but more than 45 days have elapsed since the date of execution of said consent(s) and, on information and belief, no written notice of revocation has been received by that court.)

[DELETE IF INAPPLICABLE]: 15. On information and belief, the minor child has a general testamentary guardian. [state nature, date and place of appointment]:

16. To the best of the Petitioner(s)' information and belief, there are no persons other than those mentioned herein or in the verified scheduled annexed hereto who are entitled, pursuant to Domestic Relation Law §111(3) and 111-a, to notice of this proceeding (except)

Name: _____ Relationship: _____
Last known address: _____

Name _____ Relationship: _____
Last known address: _____

Name
Last known address:

Relationship:

17. The child is is not under the jurisdiction of the Family Court. If so, this petition has has not been filed in the Court that exercised jurisdiction over the most recent permanency or other proceeding involving this child. [If it has not been so filed, petitioner must file affirmation, Adoption Form 1-E].

18. Attached hereto and made a part hereof is Form 1-D setting forth all available information comprising the adoptive child's medical history.

[DELETE IF INAPPLICABLE]: 19. The placement is subject to the provisions of Social Services Law section(s) 374-a 382 and the provisions of such section(s) have been complied with. The original approval signed by the Administrator of the Interstate Compact on the Placement of Children is attached hereto.

20. (a) The adoptive parent(s) has/have has/have no knowledge that the child or an adoptive parent is the subject of an indicated report or is another person named in an indicated report of child abuse or maltreatment, as such terms are defined in section 412 of the Social Services Law, or has been the subject of or the respondent in a child protective proceeding which resulted in an order finding that the child is an abused or neglected child.

(b) The adoptive parent(s) has/have has/have no knowledge of any criminal record concerning themselves or any other adult over the age of 18 residing in the household (except

21. There are no prior or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn, (except) [specify type of proceeding, court, disposition, if any, and date of disposition, if any]:

22. The subject child is is not a Native-American child, who is subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check applicable box(es)]:

parent/custodian [specify name and give notification date]:

tribe/nation [specify name and give notification date]:

United States Secretary of the Interior [give notification date]:

23. [Insert any additional allegations.]

WHEREFORE, the Petitioner(s) request(s) an order approving granting temporary guardianship of the child to Petitioner(s) and the adoption of the adoptive child [specify first name]: _____ by the Petitioner(s) and directing that the adoptive child shall be treated in all respects as the child of the Petitioner(s) and directing that the name of the adoptive child be changed and that (s)he shall henceforth be known by the name of [specify]: _____ together with such other and further relief as may be just and proper.

Dated: _____, _____.

_____/_____
Adoptive Parent: typed or printed name / signature

_____/_____
Adoptive Parent: typed or printed name / signature

_____/_____
Adoptive child if over 18: typed or printed name / signature*

_____/_____
Attorney, if any: typed or printed name / signature

Attorney's Address and Telephone Number

* Note: Consent of a child over 14 must be attached.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of

Docket No.
PETITION FOR ADULT ADOPTION

An Adult,

The Petitioner(s) respectfully allege(s) to this Court that:

1. Petitioning adoptive parent [specify name] : _____ resides at [specify address, unless an order of address confidentiality has been obtained pursuant to F.C.A. §154-b]: _____

a. Petitioner is of full age, having been born on [specify date of birth]: _____

b. Petitioner is unmarried; or

married to specify name of spouse]: _____ and

living together; or living separate and apart pursuant to a decree or Judgment of separation or pursuant to a separation agreement subscribed by the parties and acknowledged or proved in the form required to entitle a deed to be recorded; or living separate and apart for at least three years prior to commencement of the proceeding.

2. [Applicable if two petitioners]: Petitioning adoptive parent [specify name]: _____ resides at [specify address, unless an order of address confidentiality has been obtained pursuant to F.C.A. §154-b]: _____

a. Petitioner is of full age, having been born on [specify date of birth]: _____

b. Petitioner is unmarried; or

married to specify name of spouse]: _____ and

living together; or living separate and apart pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the parties and acknowledged or proved in the form required to entitle a deed to be recorded; or living separate and apart for at least three years prior to commencement of the proceeding.

3. [Applicable if Adoptee is the Petitioner]: Petitioner-adoptee [specify name]: _____ was born on [specify date of birth]: _____ and resides at [specify address, unless an order of address confidentiality has been obtained pursuant to F.C.A. §154-b]: _____

(A certified copy of the adoptee's birth certificate is attached).

4. Upon information and belief, the following is information regarding the adoptee's legal parent(s) [Specify full name, last known address of the adult adoptee's legal parent(s), date of birth]:

Parent #1: _____

Parent #2: _____

5. The adoptee is seeking to change her/his name to [specify]: _____
 is not seeking a name change.

6. Neither the adoptive parent nor the adoptee has been the subject of a proceeding for a Guardian under Article 81 of the Mental Hygiene Law or under Article 17-A of the Surrogate's Court Procedure Act.

7. If the adoptee is not a petitioner, his or her consent is attached.

WHEREFORE, the Petitioner(s) request(s) an order granting the adoption of [specify Adoptee]: _____ by the Petitioner(s) and directing that such adoptee shall be treated in all respects as the child of the Petitioner(s) and [check box if applicable]: directing that the name of the adoptee be changed and henceforth be known by the name of [specify name]: _____ together with such other and further relief as may be just and proper.

Dated: _____, _____.

Adoptive Parent: typed or printed name / signature

Adoptive Parent: typed or printed name / signature

Adoptive child: typed or printed name / signature

Attorney, if any: typed or printed name / signature

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
):ss.:
COUNTY OF)

_____, being duly sworn, says that (he)(she)(they)(is)(are) the Petitioner(s) in the above-named proceeding and that the foregoing petition is true to (his)(her)(their) own knowledge, except as to matters wherein stated to be alleged on information and belief and as to those matters (he)(she)(they) believe(s) it to be true.

Petitioner

Petitioner

Petitioner

Sworn to before me on _____, _____

Notary Public Commission Expires:
(Affix Notary Stamp or Seal)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Adoption of
A Child whose First Name is _____

(Docket)(File) No. _____

Child's Medical
History (Agency or
Private-Placement)

1. Age and date of birth of child: _____

2. Has the child had any of the following illnesses or health problems: (Where indicated, specify below or on additional sheet).

- | | |
|---|---|
| <input type="checkbox"/> (AIDS Infection)
(HIV positive status) ¹ | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Allergy to foods/other
substances | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Allergy to medications
(prescription or over-
the-counter) | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental/Behavioral disorders (specify): |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Circulatory system
disorders (specify): | <input type="checkbox"/> Parasites in stool |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Sickle Cell Anemia/Trait |
| <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Heart problems (specify): | <input type="checkbox"/> Urinary tract infection |
| | <input type="checkbox"/> Whooping Cough (Pertussis) |
| | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> Operations/Accidents/Fractures
(specify): |

3. Immunizations: give dates of the following:

D.P.T/D.T. _____
Polio (oral) _____
Measles _____ Mumps _____ Rubella _____
Hemophilus Influenza B. (H.I.B.) _____
Heptavax/Hepatitis Immune Globulin _____
Influenza (Flu) _____
Pneumonia vaccine _____

¹ Delete inapplicable provision.

Other (specify) _____
Tuberculosis test (most recent/result) _____

4. List Pre-natal History:

- | | |
|--|--|
| <input type="checkbox"/> First trimester bleeding | <input type="checkbox"/> Drugs (such as marijuana, heroin, methadone or amphetamines) (specify): |
| <input type="checkbox"/> Toxemia (high blood pressure or protein in the urine) | |
| <input type="checkbox"/> Medications (other than vitamins or iron) | <input type="checkbox"/> Alcohol (occasional)(moderate)(heavy) ² (specify): |
| <input type="checkbox"/> Diabetes or thyroid problem (specify): | |

Birth:

Birth weight _____ length _____
 Apgar score: 1 min. _____ 5 mins. _____
 Date baby was due _____
 Date baby was born _____
 Complications of delivery:
 Premature rupture of membranes
 Caesarian: routine _____ emergency _____
 Excessive bleeding: abruption _____ placenta previa _____

Newborn:

- Resuscitation required
- Yellow jaundice:
lights _____ exchange transfusion _____
- Infection (specify):
- Breathing problem (specify):
- Other (specify):

5. List congenital impairments, including physical defects, if any.

6. State present health or cause of death (give ages), if known, of:

²Delete inapplicable provision.

Birth father:
Birth mother:
Siblings: full:

half:

7. If known, indicate whether birth mother had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal disease,
(e.g., gall bladder, ulcer,
irritable bowel disorder)
(specify): |
| <input type="checkbox"/> Mental or nervous
disorder e.g.,
schizophrenia,
depression, manic
depressive illness
(specify): | <input type="checkbox"/> Breast cancer |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Colon cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer, other (specify): |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Arthritis or rheumatism |
| <input type="checkbox"/> (Aids infection)
(HIV positive status)* | <input type="checkbox"/> Kidney disease
(specify): |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Alcoholism or other substance
abuse (specify): |
| <input type="checkbox"/> Bleeding tendency | <input type="checkbox"/> Developmental disorder
(e.g., learning disability,
(attention deficit)(specify): |
| <input type="checkbox"/> Eye or ear disorder | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Retardation: mental | |
| <input type="checkbox"/> Physical disability (specify): | |
| <input type="checkbox"/> Circulatory or blood
disorders (specify): | |
| <input type="checkbox"/> Obesity | |

8. If known, indicate whether birth father had any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal disease
(e.g., gall bladder, ulcer,
irritable bowel disorder)
(specify): |
| <input type="checkbox"/> Mental or nervous
schizophrenia,
depression, manic
depressive illness
(specify): | <input type="checkbox"/> Colon cancer |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Cancer, other
(specify): |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Sickle cell anemia | |

___ (AIDS infection)
(HIV positive status)*

___ Arthritis or rheumatism
___ Kidney disease
(specify):

*Delete inapplicable provision.

___ High blood pressure
___ Bleeding tendency
___ Eye or ear disorders
___ Retardation: mental
___ Physical disability
(specify)
___ Circulatory or blood
disorders (specify):
___ Obesity

___ Alcoholism or other substance
abuse (specify):

___ Developmental disorder
(e.g., learning disability,
attention deficit disorder)
(specify):
___ Other (specify):

Indicate source for information about child's medical history
and the source(s) for information about medical history of birth father and birth mother and whether from
direct or indirect source:

Completed by (state official
title, if any): _____

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

AFFIRMATION IDENTIFYING
PARTY

.....
I, [specify name of affiant]: , having affirmed, deposes, and states the following:

1. Check applicable box(es):

- I am an attorney at law duly licensed to practice under the laws of the State of New York and have an office at [specify address]:
- I am counsel of record for [specify]:
- I am not an attorney but am known to the court. [See 22 NYCRR 205.53(b)(2)].

2. I know [specify name of party]:

and I know that he she is the same person described in and who executed the annexed [specify document]: [delete if inapplicable]: and who is now present before the Court.

3. [Delete if inapplicable]: I know [specify name of additional party]:

and I know that he she is the same person described in and who executed the annexed [specify]: [delete if inapplicable]: and who is now present before the Court.

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Affiant

S.S.L. §374(6);
22 NYCRR 205.53(b)(8)
Financial

Form 9-B
(Affirmation of
Disclosure - Parents
Private-Placement)
1/24

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

OF

AFFIRMATION
FINANCIAL
DISCLOSURE -
PARENTS
(Private Placement)

.....
being duly affirmed, depose(s) and say(s): (and)

1. That deponent(s) reside(s) at
and (is)(are)
the (petitioning adoptive parent(s) (birth or legal parent(s)) of the above-named adoptive
child; and

2. That deponent(s) (has)(have) paid or given or caused to be paid or given or
undertaken to pay or give the following expenses, contributions, compensation or things
of value, either directly or indirectly, to any person, agency, association, corporation,
institution, society or organization, in connection with the placing out of said adoptive
child with deponent(s) or with the adoption of said child by deponent(s):

[Specify recipient, amount, form,
and purpose of each payment. If
none, so state.]

;

3. That deponent(s) (has)(have) requested, received, or accepted, either directly or
indirectly, the following compensation or things or value from any person, agency,
association, corporation, institution, society or other organization in connection with the
placing out of said adoptive child with deponent(s) or with the adoption of said child by
deponent(s).

[Specify source, amount, form, and purpose of each payment requested or received.
If none, so state.]

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

*(Adoptive)(Birth)(Legal) Parent: typed or printed name/ signature

*(Adoptive) (Birth)(Legal) Parent: typed or printed name / signature

*Attorney if any: typed or printed name/signature

*Attorney's Address and Telephone number

D.R.L. §115, 115-d

Form 1-Ca
(Affirmation-
Change of
Circumstance)
Private-Placement
1/24

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

AFFIRMATION
(Change of
circumstance since
certification as
qualified
adoptive parent)
Private placement

, affirm(s) and say(s):

1. Deponent(s) (was)(were) certified as (a) qualified adoptive parent(s) by ord of the
court County of _____, dated _____, _____ ;

2. The following change(s) in circumstance relevant and material to such certification
(has)(have) taken place since that date:

Date:

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New
York, which may include a fine or imprisonment, that the ~~foregoing~~ above statements are true,
and I understand that this document may be filed in an action or proceeding in a court of law.

Petitioner

Print or type name

Signature of Attorney, if any
Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A child whose First Name is

(Docket)(File) No.

SUPPLEMENTAL
AFFIRMATION
(Private-Placement)

(and)

being duly affirmed, depose(s) and say(s):

1. Deponent(s) (is) (are) the same person(s) who on
filed in this Court a petition for adoption of the above-named adoptive
child.

2. Deponent(s) (is) (are) over the age of twenty-one years, citizen(s) of the United States, and
(unmarried) (married and living together) (married and living apart).

3. The post-office addresses, place(s) of residence and home telephone number(s) of
petitioner(s) (is) (are)

Petitioner (specify name):

Petitioner (specify name):

4. Petitioner(s) hereby state(s) that there has been no change of circumstances whatsoever
since the filing of said original petition, dated , except as follows:

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York,
which may include a fine or imprisonment, that the above statements are true, and I understand that
this document may be filed in an action or proceeding in a court of law.

_____/_____
Adoptive Parent: typed or printed name/ signature

_____/_____
Adoptive Parent: typed or printed name / signature

_____/_____
Adoptive child if over 18: typed or printed name/ signature

_____/_____
Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

Date:

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A child whose First Name is

(Docket)(File) No.

JUDICIAL CONSENT
(Birth or Legal Parent
-- Private-Placement)

THIS CONSENT BECOMES IRREVOCABLE UPON EXECUTION OR
ACKNOWLEDGMENT BEFORE ANY JUDGE OR SURROGATE IN
NEW YORK STATE OR A COURT OF COMPETENT JURISDICTION IN
ANOTHER STATE HAVING JURISDICTION OVER ADOPTION
PROCEEDING(S). NO ACTION OR PROCEEDING FOR THE CUSTODY
OF THE ADOPTIVE CHILD MAY BE MAINTAINED BY THE PARENT
EXECUTING OR ACKNOWLEDGING THE WITHIN CONSENT.

; optional]:

1. I, [specify name]: _____, residing at _____,
(birth)(legal) parent of [specify first name]: _____,
, do hereby consent to the adoption of my (daughter)(son) who was born on
[specify date]: _____ (by [specify name(s); optional]: _____),
adoptive parent(s)).

2. I have been advised that this consent becomes irrevocable when executed or acknowledged
before a judge or surrogate, and thereafter no action or proceeding may be maintained by me for the
custody of the child. I also have been advised that before I acknowledge or execute this consent, I
have a right to be represented by a lawyer of my own choosing and, if I am financially unable to obtain
same, a lawyer will be assigned at public cost. I further have been advised that I have a right to obtain
supportive counseling.

*3. The full name and last known address of the other (birth)(legal) parent of the adoptive
child are:

Dated:

Signature:

COURT OF THE STATE OF NEW YORK

COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

EXTRAJUDICIAL CONSENT
(Birth or Legal Parent -
Private-Placement -
Step-parent)

1. I, _____, residing at _____, am the (birth) (legal) parent of _____ . I do hereby consent to the adoption of my (daughter) (son) _____, born on _____ by [specify name]: _____, adoptive parent.

2. The name and last known address of the other (birth)(legal) parent of the adoptive child are [delete if inapplicable]:

Dated:

_____/_____
(Birth)(Legal) Parent: typed or printed name/ signature

_____/_____
Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

STATE OF NEW YORK)
 :SS:
COUNTY OF)

On [specify date]: _____, [specify name]: _____ personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to me by satisfactory evidence as the person whose name is subscribed on this extrajudicial surrender. (He)(She) acknowledged to me that (he)(she) executed this surrender.

Notary Public

COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.
EXTRAJUDICIAL CONSENT
(Birth or Legal Parent --
Private-Placement)

THIS CONSENT MAY BE REVOKED WITHIN 45 DAYS OF THE EXECUTION OF THIS DOCUMENT. IF THE CONSENT IS NOT REVOKED WITHIN SAID 45 DAYS, NO PROCEEDING MAY BE MAINTAINED BY THE PARENT FOR THE RETURN OF THE CUSTODY OF THE CHILD. THE REVOCATION MUST BE IN WRITING AND RECEIVED BY THE COURT WHERE THE ADOPTION PROCEEDING IS TO BE COMMENCED WITHIN 45 DAYS OF THE EXECUTION OF THE CONSENT. THE NAME AND ADDRESS OF THE COURT IN WHICH THE ADOPTION PROCEEDING HAS BEEN OR IS TO BE COMMENCED IS:

[specify name and address of court]:

IF THE ADOPTIVE PARENTS CONTEST THE REVOCATION, TIMELY NOTICE OF REVOCATION WILL NOT NECESSARILY RESULT IN THE RETURN OF THE CHILD TO THE PARENT, AND THE RIGHT OF THE PARENT TO THE CUSTODY OF THE CHILD WILL NOT BE SUPERIOR TO THOSE OF THE ADOPTIVE PARENTS. A HEARING BEFORE A JUDGE WILL BE REQUIRED TO DETERMINE: (1) WHETHER THE NOTICE OF REVOCATION WAS TIMELY AND PROPERLY GIVEN; AND IF NECESSARY, (2) WHETHER THE BEST INTERESTS OF THE CHILD WILL BE SERVED: (A) BY RETURNING CUSTODY OF THE CHILD TO THE PARENT; OR (B) BY CONTINUING THE ADOPTION PROCEEDING COMMENCED BY THE ADOPTIVE PARENTS; OR (C) BY DISPOSITION OTHER THAN ADOPTION BY THE ADOPTIVE PARENTS; OR (D) BY PLACEMENT OF

THE CHILD WITH AN AUTHORIZED AGENCY. IF ANY SUCH DETERMINATION IS MADE, THE COURT WILL MAKE SUCH DISPOSITION OF THE CUSTODY OF THE CHILD AS WILL BEST SERVE THE INTERESTS OF THE CHILD.

THE PARENT HAS THE RIGHT TO LEGAL REPRESENTATION OF THE PARENT'S OWN CHOOSING, THE RIGHT TO SUPPORTIVE COUNSELING AND MAY HAVE THE RIGHT TO HAVE THE COURT APPOINT AN ATTORNEY PURSUANT TO SECTION 262 OF THE FAMILY COURT ACT, SECTION 407 OF THE SURROGATE'S COURT PROCEDURE ACT, OR SECTION 35 OF THE JUDICIARY LAW.

1. I, [specify name], residing at _____, am the birth legal parent of [specify first name of child]: _____ . I do hereby consent to the adoption of my daughter son, who was, born on [specify date]: _____ by [specify name]: _____ adoptive parent(s).

2. The full name and last known address of the other birth legal parent of the adoptive child are [optional]: _____

3. I have have not been represented by counsel. If represented, state counsel's name, address and telephone number: _____

4. I [print name of consenting parent]: _____ this ___ day of _____, _____, have received a copy of this consent.

Date:

_____/_____/_____
 birth legal parent: type or print name/ signature
_____/_____
Attorney, if any: type or print name/ signature

Attorney's Address and Telephone number

STATE OF NEW YORK)

: ss.:

COUNTY OF _____)

On [specify date]: _____, [specify name]: _____ personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to me by satisfactory evidence as the person whose name is subscribed on this extrajudicial surrender. (He)(She) acknowledged to me that (he)(she) executed this surrender.

Notary Public

This form is to be completed by birth parents who consent to the adoption or who execute an instrument of surrender. It is used to register a birth parent's agreement or non-agreement to the release of the birth parent's name and address by the Adoption Registry to the adoptee (the adopted child). This identifying information will be given to the adopted child only when the child reaches at least eighteen years of age and voluntarily registers with the Adoption Registry.

FOR OFFICIAL NYS USE ONLY	
Registry #	_____
Date	_____

This form may also be used at any time after the adoption to agree to the release of identifying information, to withdraw your agreement or to update your contact information.

Instructions for the birth parents, adoption agencies, attorneys, courts and the NYC Department of Health and Mental Hygiene are on page 2.

1. Birth Parent Information:

Check one: Birth Mother Birth Father Date of your birth: _____
MM/DD/YYYY

Name of birth parent
First Name: _____ Middle Name: _____

Current Last Name: _____ Maiden Last Name: _____
(If Applicable)

Contact Information:

Mailing address
Street: _____ City/Town: _____

State: _____ ZIP: _____

Email address: _____ Phone: (____) ____ - _____

2. Adoptee Information:

Name given to child at birth
First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____
MM/DD/YYYY
Town, city or village of birth of adoptee: _____, New York State.

3. Agency Information:

Name of Adoption Agency or Attorney if private adoption: _____

Name of Court: _____

4. Birth Parent Statement:

I have read the Notice to Birth Parents on the reverse side of this form and I understand that if I agree to the release of identifying information the adoptee can be given my name and known address and that I will not be notified when the information is released. Further, I swear or affirm under penalty of perjury that all of the information provided on this application is true and accurate to the best of my knowledge and belief.

Yes, I agree that my name and address can be given to the adopted child if he or she registers with the Adoption Information Registry on or after his or her eighteenth birthday.

No, I do not wish my name and address to be given to the adopted child.

STATE OF _____ }
COUNTY OF _____ } **SS:**

If you change your mind after submitting this form, please complete a new form, checking either **Yes** or **No**, have the form notarized and send it to the Adoption Registry. The form with the most recent date will be kept on file.

Subscribed and sworn to
(affirmed) before me this _____

day of _____, _____

▶

Signature of Applicant

▶

Signature of Notary Public

This form was developed in accordance with the provisions of Public Health Law section 4138-c(10).

Notice to Birth Parents

Do not complete this form for children born or adopted outside of New York State. The completed form will be submitted to the Court by the agency or attorney handling the adoption. The Court will send it to the Adoption Registry.

This form allows you to choose whether or not you would like the Adoption Registry to provide your name and address ("identifying information") to the adopted child. If you agree to the release of this information, the contact information will be provided to the child only if he or she registers with the Adoption Registry. The child will be able to register once he or she has reached at least eighteen years of age.

Checking **Yes** in item 4 on this form is not the same as giving consent to adoption or surrender. Whether you check **Yes** or **No**, your consent to or acknowledgment of the adoption or surrender will still be legal.

If you do not check either **Yes** or **No** we will treat your answer as **No** unless we already have a completed form from you on file. In that case, your previous choice will be retained and only your contact information will be updated.

You will not be notified if or when the Adoption Registry gives your information to the adopted child. It will be up to the adopted child whether or not he or she will request information or contact you.

If both birth parents consented to the adoption or executed a surrender instrument, then each must complete one of these forms. If either parent does not agree to the release of identifying information or later changes his or her mind and revokes agreement to the release of identifying information, the Adoption Registry will not release the name and address of either parent to the adopted child.

If you change your mind in the future you can complete a new form and agree to the release of identifying information or cancel your agreement by checking either **Yes** or **No**, having the form notarized and submitting the new form to the *NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602*.

The adopted child will receive the most current name and address that you have on file with the Adoption Registry. To make sure the child gets your current information, it is your responsibility to notify the Adoption Registry, in writing, if you change your name, address or other information. You may use this form to notify the registry of changes in your contact information.

You can file medical information updates with the Adoption Registry. Medical information must be submitted on your medical care provider's letterhead and include: medical care provider's name, address, telephone number and signature.

Further information about the services of the Adoption Registry and forms you can download can be found at http://www.nyhealth.gov/vital_records/adoption.htm and <http://www.nycourts.gov/forms/familycourt/adoption.shtml>

Adoption Agencies & Attorneys

For a child born in New York State, this form must be completed by the birth parent at the time the birth parent is either executing or acknowledging a consent to adoption pursuant to section 115-b of the Domestic Relations Law or is executing a surrender instrument pursuant to sections 383-c or 384 of the Social Services Law.

Completed forms must be filed with the court of adoption with the consent or instrument of surrender.

Court of Adoption

For a child born in New York State, this form must be completed by each birth parent at the time such birth parent is executing or acknowledging a consent to adoption or is executing a surrender instrument for the relinquishment of the child named in this form.

Send the Report of Adoption (DOH-1928) or, for New York City, Notification of Order of Adoption (VR-47) and a copy of this form to:

Adoptee born in New York City:

NYC Department of Health & Mental Hygiene
Office of Vital Records
125 Worth St., Rm. 133, CN4
New York, NY 10013

Adoptee born elsewhere in New York State:

NYS Department of Health
Vital Records Birth Amendment Unit
P.O. Box 2602
Albany, NY 12220-2602

NYC Department of Health & Mental Hygiene

Send copies of this form, the Notification of Order of Adoption, the original birth certificate and the amended birth certificate to:

NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602

NEW YORK STATE UNIFIED COURT SYSTEM ATTORNEY'S AFFIRMATION

Agency and Private Placement Adoptions

Names or other information likely to identify the birth or adoptive parents or the adoptive child are to be omitted from the information to be supplied in the attorney's statement

Pursuant to 22 NYCRR 603.33; 691.23; 806.28; 1015.17

(a) Every attorney appearing for an adoptive parent, a natural parent, or an adoption agency in an adoption proceeding in the courts within this judicial department, shall, prior to the entry of an adoption decree, file with the Office of Court Administration of the State of New York and with the Court in which the adoption proceeding has been initiated, a signed statement under oath setting forth the following information (please type or print, use additional pages where necessary):

1. **Name of Attorney:** Last Name: _____ First Name _____ Initial _____

2. **Association with firm:** (if any) _____

3. **Business Address:** Street _____

City _____ State _____ Zip _____

4. **Telephone Number:** _____

5. **Docket Number of Adoption proceeding:** _____

6. **Court where adoption has been filed:** (include county) _____

7. **The date and terms of every agreement,** written or otherwise, between the attorney and the adoptive parents, the birth parents, or anyone else on their behalf, pertaining to any compensation or thing of value paid or given, or to be paid or given by or on behalf of the adoptive parents or the birth parents, including but not limited to retainer fees. (Indicate whether the agreement is in writing or oral by checking the appropriate box).

Date of Agreement: _____ Written Agreement Oral Agreement

Terms of Agreement: _____

8. **The date and amount of any compensation paid or thing of value given,** and the amount of total compensation to be paid or thing of value to be given to the attorney by the adoptive parents, the birth parents, or by anyone else on account of or incidental to any assistance or service in connection with the proposed adoption. (If the source of compensation or thing of value is the birth parents or the adoptive parents check appropriate box only; if other, specify name).

Date: _____ Compensation paid or thing of value given: _____

Source of compensation or thing of value given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ (specify name) _____

Total compensation to be paid or thing of value to be given: _____

Source of compensation to be paid or thing of value to be given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ (specify name) _____

9. **A brief statement of the nature of the services rendered:** _____

Complete items 10-11 if another attorney or attorneys will share in the fees received in connection with the proposed adoption:

10. The name and address of any other attorney or attorneys, who shared in the fees received in connection with the services or to whom any compensation or thing of value was paid or is to be paid, directly or indirectly, **by the attorney.** Include the amount of such compensation or thing of value.

Name: _____

Address: _____

Compensation paid or thing of value given: _____ Date paid: _____

Compensation to be paid or thing of value to be given: _____

11. The name and address of any other attorney or attorneys, if known, who received or will receive any compensation or thing of value, directly or indirectly, **from the adoptive parents, birth parents, agency or other source,** on account of or incidental to any assistance or service in connection with the proposed adoption. Include the amount of such compensation or thing of value, if known. If the source of compensation or thing of value is the birth or adoptive parents, check appropriate box only; if other, specify name.

Name: _____

Address: _____

Compensation paid or thing of value given: _____ Date paid: _____

Source of compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Compensation to be paid or thing of value to be given: _____

Source of compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Complete items 12-13 if another person, agency, association, corporation, institution, society or organization will share in the fees received in connection with the proposed adoption:

12. The name and address of any other person, agency, association, corporation, institution, society or organization who received or will receive any compensation or thing of value **from the attorney**, directly or indirectly, on account of or incidental to any assistance or service in connection with the proposed adoption. The amount of such compensation or thing of value.

Name: _____

Address: _____

Compensation paid or thing of value received: \$ _____ Date paid: _____

Compensation or thing of value to be received: _____

13. The name and address, if known, of any person, agency, association, corporation, institution, society or organization to whom compensation or thing of value has been paid or given or is to be paid or given **by any source** for the placing out of or on account of or incidental to assistance in arrangements for the placement or adoption of the adoptive child. The amount of such compensation or thing of value and the services performed or the purpose for which the payment was made. If the source of compensation or thing of value is the birth parents or the adoptive parents, check appropriate box only; if other, specify name. If additional space is needed, attach separate page.

Name: _____

Address: _____

Compensation paid or thing of value given: \$: _____ Date paid: _____

Source of Compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Compensation to be paid or thing of value to be given: \$: _____

Source of Compensation to be paid or thing of value to be given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Service performed or purpose of payment: _____

14. **A brief statement** as to the date and manner in which the initial contact occurred between the attorney and the adoptive parents or birth parents with respect to the proposed adoption.

Date: _____

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature: _____ Date: _____

Department: _____ District: _____

Note:

Adoption Affirmations (UCS-836) must be signed personally and filed electronically by the attorney with the Office of Court Administration (OCA) using their Attorney Online Services Account. Access to the Adoption Affidavit E-filing system can be found here. www.nycourts.gov. The Adoption Affirmation E-filing system will assign a date-stamped OCA code number and provide proof of filing.

All Adoption Affirmation inquiries should be directed to: R-C@nycourts.gov

All statements filed by attorneys shall be deemed to be confidential, and the information therein contained shall not be divulged or made available for inspection or examination to any person other than the client of the attorney in the adoption proceeding, except upon written order of the Presiding Justice of the Appellate Division.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF SULLIVAN

-----X

In the Matter of the Adoption of a
Child Whose First Name is:

**MARITAL HISTORY
AFFIRMATION**

-----X

Docket No.:

STATE OF NEW YORK)

COUNTY OF SULLIVAN) ss.:

_____, pursuant to CPLR § 2106, hereby affirms as follows:

[print your name clearly]

1. I am the ___ Petitioning Adoptive Parent, ___ Birth Parent, or ___ Petitioner for Certification as a Qualified Adoptive Parent in connection with the above-referenced proceeding.
2. I am currently ___unmarried / ___married to _____.
3. ___ I have been previously married. ___ I have not been previously married.
4. I hereby disclose to the Court the names of all of my prior spouses as follows along with the dates upon which those marriages ended and the manner in which they ended (i.e. divorce, annulment, or death of spouse):

_____.
5. Attached hereto are certified copies of all judgments of divorce or annulment to which I was a party. Attached hereto are certified copies of the death certificates for any spouses that I have survived. If no attachments are made hereto, I swear or affirm that I have never been previously married.

I affirm this ___ day of _____, _____, under the penalties of perjury of the laws of the State of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document will be filed in an action or proceeding in a court of law.

[signature]

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child Whose First Name Is

(Docket)(File) No

Adoptive Parent

AFFIRMATION
and REPORT
(Disinterested
Person-
Certification by
Proceeding)
(Private-
Placement)

being duly affirmed deposes and says that:

1. (He)(She) is a disinterested person as such person is defined in section 115-d of the Domestic Relations Law in that:
and has no interest in the out come of the application of the part(y)(ies) herein for certification as qualified adoptive apparent(s);

2. The following fee(s) (have been) (will be) paid to deponent for services rendered in connection with the pre-placement investigation performed in connection with this certification proceeding:

;

3. The following is deponent's report of (his)(her) investigation into the truth and accuracy of the allegations set forth in the petition of _____,
as qualified adoptive parents in the proceeding for certification and (deponent's investigation of the various factors relevant to the suitability of the petitioners as qualified adoptive parents:

(a) Date, place and duration of personal interview and visit at petitioner's home:

(b) Report:

(c) other facts relating to familial, social, religious, emotional, and financial circumstances of petitioners relevant to certification as a qualified adoptive parent(s).

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Dated:

Affiant (Disinterested Person)

Print or type name

“NOTIFICATION TO PROSPECTIVE ADOPTIVE PARENTS OF THE SECTION 422.4(A)(p) PROCEDURE”

I (we) understand that if I (we) am (are) named in a pending or indicated child abuse or maltreatment report(s) on file with the SCR then all information contained in my (our) SCR record concerning such pending or indicated reports will be provided by the court to the disinterested person conducting the court ordered private placement adoption investigation, with the exception of the name(s) or identifying description(s) of the person(s) who reported the suspected child abuse or maltreatment unless written permission for release of identity has been authorized by such reporting person(s).

I (we) further understand that the results of the inquiry will be considered by the court pursuant to Section 116 of the Domestic Relations Law as one of the factors which may bear upon the outcome of my (our) adoption application.

This form is not an application for adoption. It is to be used solely for the purposes described in Section 422.4(A)(p) of the Social Services Law. I (we) understand that the purpose of collecting the demographic data on other persons in my (our) household is to enable the New York State Office of Children and Family Services to identify with the greatest degree of certainty whether or not I (we) am (are) named in a child abuse or maltreatment report(s). The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**A disinterested person as defined in Section 116(5) of the Domestic Relations Law includes the probation service of the Family Court, a licensed master social worker, licensed clinical social worker, or an authorized agency specifically designated by the court to conduct pre-placement investigations.

COURT INSTRUCTIONS

RESOURCE ID #: Record your Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

AGENCY LIAISON: Record name of Adoption Liaison or Disinterested Person**.

Adoption forms are to be sent to: **The New York Statewide Central Register
Of Child Abuse and Maltreatment
P.O. Box 4480, Attn: Service Center Unit
Albany, N.Y. 12204-0480**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER MORE FORMS:

Please access the **Request for Forms and Publications** form, (OCFS-4627) from the Internet: http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications**, (OCFS-4627) to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, 4th Ave, Rensselaer, NY 12144-2629**. If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.

SEND TO: Amendment Unit, Vital Records Section, P.O. 2602, Albany, NY 12220-2602

1. Information on Original Certificate	
Infant	1. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ 2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother	3. Date of Birth: <small>Month</small> _____ <small>Day</small> _____ <small>Year</small> _____ 4a. County (NYS) of Birth: _____ 4b. Town of Birth: _____ 4c. City or Village of Birth: _____
Father	5a. Maiden Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ 5b. Social Security Number: _____ 5c. Was mother's consent to the adoption required at the time of adoption or was mother's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adoptive Parents	6a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ 6b. Social Security Number: _____ 6c. Was father's consent to the adoption required at the time of adoption or was father's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Information on Amended Birth Record Following Adoption	
Infant	7. Name by Adoption: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
Mother	8a. Maiden Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ 8b. Date of Birth: <small>Month</small> _____ <small>Day</small> _____ <small>Year</small> _____ 8c. State of Birth: (Country if not USA) _____ 8d. Social Security Number: _____
Father	9a. Residence: State _____ 9b. County: _____ 9c. Town: _____ 9d. City or Village: _____
Attorney	9e. Within the corporate limits? <input type="checkbox"/> Yes <input type="checkbox"/> No 9f. Residence: Street and Number _____
Attorney	10. Mailing Address for Notice of Birth Registration: (Include Zip Code) _____
Attorney	11a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ 11b. Date of Birth: <small>Month</small> _____ <small>Day</small> _____ <small>Year</small> _____ 11c. State of Birth: (Country if not USA) _____ 11d. Social Security Number: _____
3. Attorney	
Attorney	12a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____
Attorney	12b. Firm: _____
Attorney	12c. Mailing Address: (Include Zip Code) _____

DOH-1928 (12/2003)

4. Certification

Pursuant to Section 254 of the Judiciary Law, I hereby certify that the child described was adopted by the parents cited in this report on the

SEAL OF THE COURT



_____ day of _____, _____

as set forth in the decree made in the _____

Court of _____ County, State of New York.

Signed: _____ Clerk of Court _____ Date _____



FOR FILING PURPOSES
NAME OF APPLICANT:
AGENCY NAME:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
ADOPTIVE APPLICANT MEDICAL REPORT (PART ONE)
ADOPTION ONLY

Instructions:

Applicant: There are three sections to this form. **Section 1** is to be completed by the applicant. **Section 2** is to be completed by the agency. **Section 3** is to be completed by a physician, physician assistant, nurse practitioner, or other licensed and qualified health care practitioner for the applicant.

Home finder/agency worker: Complete **Section 2** before providing the form to the applicant. Provide one form per applicant.

SECTION 1: APPLICANT INFORMATION		
NAME OF APPLICANT:		
LAST, FIRST, MIDDLE INITIAL:	DATE OF BIRTH: / /	TELEPHONE NUMBER: () -
ADDRESS OF APPLICANT:		
I hereby request and authorize my physician to release the following information to the agency named below.		
APPLICANT'S SIGNATURE X		DATE: / /
The above-named applicant has applied to adopt a child. Per New York State regulations, the agency is required to obtain a medical report regarding the members of the household's general health. Such report must show that each member of the household is free from communicable disease, infection or illness or any physical or mental condition(s) which might affect the proper care of an adopted child. Such report must cover a physical examination of the applicant conducted not more than one year preceding the date the application for approval is submitted to the agency.		

SECTION 2: AGENCY INFORMATION
AGENCY NAME:
AGENCY ADDRESS:
AGENCY CONTACT: (Home Finder's/Agency Worker's Name and Phone Number)

SECTION 3: To be completed by a physician, physician assistant, nurse practitioner, or other licensed and qualified health care practitioner for each applicant.	
Please respond to each of the following to the best of your knowledge:	
Are there any chronic or serious disorders or conditions for which this individual has received or is receiving treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this individual currently taking medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide an explanation for any "Yes" response.	

GENERAL HEALTH REVIEW OF APPLICANT			
PHYSICAL EXAM DATE: / /	HEIGHT: :	WEIGHT: LBS	BLOOD PRESSURE: /
VISION:	HEARING:		
CARDIOVASCULAR:	PULMONARY:		
GASTROINTESTINAL:	ENDOCRINE:		
NERVOUS SYSTEM:	MUSCULAR/SKELETAL:		
SKIN:			

FOR FILING PURPOSES NAME OF APPLICANT: AGENCY NAME:

Does the individual have any communicable disease, infection or illness, or any physical or mental condition that might affect the proper care of children? No Yes
 Explain:

Does the presence of any identified affliction pose a risk to the health and safety of children? No Yes
 Explain:

FINDINGS

On the basis of my findings, as indicated above, and my knowledge of the individual, I find the above-listed individual:
 IS **IS NOT** in such physical condition that it is reasonable to expect him/her to live to the child's majority and have the energy and other abilities needed to fulfill parental responsibilities.
 If not:
 Explain:

MEDICAL CARE PROVIDER'S SIGNATURE: X	TELEPHONE NUMBER: () -	DATE SIGNED: / /
--	----------------------------------	------------------------

PROVIDER'S ADDRESS:

PHYSICIAN'S STAMP:

MEDICAL CARE PROVIDER SHOULD RETURN COMPLETED REPORT TO AGENCY CONTACT LISTED IN SECTION 2.

FOR FILING PURPOSES
NAME OF APPLICANT:
AGENCY NAME:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOUSEHOLD MEMBER MEDICAL REPORT (PART TWO)
ADOPTION ONLY

Instructions:

Applicant(s): There are three sections to this form. **Section 1** is to be completed by the applicant if household member is under 18 years of age or by the household member if 18 years of age or older. **Section 2** is to be completed by the agency. **Section 3** is to be completed by a physician, physician assistant, nurse practitioner, or other licensed and qualified health care practitioner for each household member.

Home finder/agency worker: Complete **Section 2** before providing the form to the applicant(s). Provide one form per applicant.

SECTION 1: HOUSEHOLD MEMBER INFORMATION		
LAST, FIRST, MIDDLE INITIAL:	DATE OF BIRTH: / /	TELEPHONE NUMBER: () -
The above-named individual is residing in the home of an individual(s) who is seeking to adopt a child. Per New York State regulations, the agency is required to obtain a medical report regarding the members of the household's general health. Such report must show that each member of the household is free from communicable disease, infection or illness or any physical or mental condition(s) which might affect the proper care of an adopted child. Such report must cover a physical examination of the household member conducted not more than one year preceding the date the application for approval is submitted to the agency.		
NAME OF APPLICANT(S):	RELATIONSHIP TO APPLICANT(S):	
ADDRESS OF APPLICANT(S):		
I hereby request and authorize my physician to release the following information to the agency named below.		
HOUSEHOLD MEMBER OR PARENT/GUARDIAN IF HOUSEHOLD MEMBER IS UNDER 18 YEARS OF AGE SIGNATURE: X	DATE: / /	

SECTION 2: AGENCY INFORMATION
AGENCY NAME:
AGENCY ADDRESS:
AGENCY CONTACT: (Home Finder's/Agency Worker's Name and Phone Number)

SECTION 3: To be completed by a physician, physician assistant, nurse practitioner, or other licensed and qualified health care practitioner for each household member of an applicant	
Please respond to each of the following to the best of your knowledge:	
Are there any chronic or serious disorders or conditions for which this individual has received or is receiving treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this individual currently taking medications?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever referred this individual to other medical services, mental health services or treatment for alcohol/substance abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the individual have any communicable disease, infection or illness, or any physical or mental condition that might affect the proper care of children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the presence of any identified affliction pose a risk to the health and safety of children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide an explanation for any "Yes" response.	
Is the above-listed individual in good physical and mental health, and free from communicable diseases, infection or illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide an explanation for a "No" response.	

FOR FILING PURPOSES
NAME OF APPLICANT:
AGENCY NAME:

MEDICAL CARE PROVIDER'S SIGNATURE: X	TELEPHONE NUMBER: () -	DATE SIGNED: / /
PROVIDER'S ADDRESS:		
PHYSICIAN'S STAMP:		
MEDICAL CARE PROVIDER SHOULD RETURN COMPLETED REPORT TO AGENCY CONTACT LISTED IN SECTION 2.		

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
PERSONAL REFERENCE
ADOPTION ONLY

Instructions:

Home finders/agency workers: Complete **Section 1**. Each applicant must have three references that can attest to the applicant's character, habits, reputation, and personal qualifications.

Reference: Complete **Section 2** and return, as instructed by the home finder/agency worker.

SECTION 1:	
NAME OF APPLICANT:	
The above-named applicant has applied to: AGENCY NAME:	
to become an adoptive parent. As part of the application process, the agency is required to obtain feedback about the applicant. Your name has been provided by the applicant as a personal reference. Please complete the information below and return this form in the self-addressed stamped envelope or scan and email the form to:	
no later than ____ / ____ / ____.	
If you have any questions, feel free to contact:	
NAME:	PHONE: () -

SECTION 2: REFERENCE INFORMATION	
The information provided will be used to make a final determination and may be shared with the applicant. However, the source of the information will remain anonymous.	
Reference name:	
Address:	
Telephone number:	
Email address:	
What is your relationship with/to the applicant?	
How long have you known the applicant?	
Describe your impression of the applicant	
Character and judgement:	
Habits and reputation:	
Ability to manage financial resources:	
Capacity to develop meaningful relationship with others:	
Parenting style, if applicable: <input type="checkbox"/> N/A	
Describe below the qualities that you feel would contribute to the applicant's ability to be an adoptive parent. Please note any concerns that you may have.	

Thank you for your time. Please sign and date below and return this form in the self-addressed stamped envelope or scan and email the form to the email address indicated in **Section 1**.

PRINT NAME:	
SIGNATURE: X	DATE: / /

At a term of the Family Court of the
State of New York, held in and for the
County of _____,
at _____ New York,
on _____, _____.

PRESENT:

Hon.
Judge

In the Matter of the Adoption of
A Child Whose First Name Is

Docket File No.

ORDER OF
ADOPTION
(Private-Placement)

The Petition of _____ (and
_____), verified the _____ day of _____, _____, having been duly
presented to this Court, together with an agreement on the part of the petitioning adoptive
parent(s) to adopt and treat as his her their own lawful child the adoptive child, whose first
name is [specify]: _____ and whose birth day is [specify]: _____,
and who was born at [specify]: _____,
as set forth in the petition for adoption herein, and the petition having a document attached
thereto and made a part thereof setting forth all available information comprising the adoptive
child's medical history; together with the affidavit(s) of [specify]: _____
and the consent(s) of [specify]: _____;

[Check applicable box(es)]: AND, although his her their consent(s) is/are
is/are not required, the Court having given notice of the proposed adoption to [specify]: _____

AND the aforesaid petitioning adoptive parents and the adoptive child and all
other persons whose consents are required having personally appeared before this Court for
examination, except [specify]: _____;

AND an investigation having been ordered and made and the written report of
such investigation having been filed with the Court, as required by the Domestic Relations Law;

[Check box(es) if applicable]: AND the Court having shortened
 dispensed with the three-month waiting period between its receiving the petition to adopt and
this order of adoption, pursuant to section 116 of the Domestic Relations Law, because [specify]

reason(s)]:

;

AND the adoptive child having resided with the petitioning adoptive parent(s) since (and the judge having dispensed with the three-month period of residency with the adoptive parent(s), pursuant to section 112 and 116 of the Domestic Relations Law because ;

[Check box(es) if applicable]: AND the court having inquired of the statewide central register of child abuse and maltreatment and having been informed that the child adoptive parent(s) is/are is/are not a subject of, or another person named in, an indicated report filed with the register as such terms are defined in section 412 of the Social Services Law,

AND there being available to this Court findings of a court inquiry made within the preceding twelve months, of the statewide central register of child abuse and maltreatment that the child adoptive parent(s) is/are is/are not a subject of, or another person named in, an indicated report filed with such register as such terms are defined in section 412 of the Social Services Law, and the Court having given due consideration to any information contained therein;

AND this Court being satisfied that the best interests of the adoptive child will be promoted by the adoption and that there is no reasonable objection to the proposed change of the name of the adoptive child;

[Required in cases involving Native-American children; check if applicable]:

And the following having been duly notified [check applicable box(es)]:

parent/custodian

tribe/nation

United States Secretary of the Interior;

And the tribe/nation having: appeared not appeared;

NOW, on motion of [specify]:

Attorney for the petitioners herein, and upon all the papers and proceedings herein, it is

ORDERED that the petition of (and)for the adoption of a person born on , at , is allowed and approved; and it is further

ORDERED that the adoptive child shall henceforth be regarded and treated in all respects as the lawful child of the adoptive parent(s); and it is further

ORDERED that the name of the adoptive child is changed to [specify]: and that the adoptive child shall hereafter be known by that name; and it is further

[Check box if applicable]: **ORDERED** that the Clerk prepare, certify and deliver a copy of this order to [specify]: _____ ; and it is further

ORDERED that the child's medical history; heritage of the parents, which shall include nationality, ethnic background and race; education, which shall be the number of years of school completed by the parents at the time of the birth of the adoptive child; general physical appearance of the parents at the time of the birth of the adoptive child, including height, weight, color of hair, eyes, skin; occupation of the parents at the time of birth of the adoptive child; health and medical history of the parents at the time of birth of the adoptive child, including all available information setting forth conditions or diseases believed to be hereditary, any drugs or medication taken during pregnancy by the mother; and other information which may be a factor influencing the child's present or future well-being; and talents, hobbies and special interests of the parents as contained in the petition, shall be furnished to the adoptive parents; and it is

[Check box if applicable]: **ORDERED** that, if required by a governmental agency, including but not limited to, the United States Social Security Administration, the United States Passport Office and the New York State Department of Motor Vehicles, in connection with an application submitted by or on behalf of the adoptive child, the adoptive parent(s)' attorney [specify]:

is authorized to deliver a certified copy of this Order of Adoption to such agency directly or to the adoptive parent, as he or she deems appropriate; and it is further

ORDERED that this order, together with all other papers pertaining to the adoption, shall be filed and kept as provided in the Domestic Relations Law and shall not be subject to access or inspections except as provided in this Order or such Law.

ENTER:

 Judge of the Family Court Surrogate

Dated: _____, _____.

[Applicable to orders of the Family Court]:

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT,
AN APPEAL FROM AN ORDER OF THE FAMILY COURT MUST BE TAKEN
WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35
DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE
CLERK OF COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE
ATTORNEY FOR THE CHILD UPON THE APPELLANT, WHICHEVER IS
EARLIEST.

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]: _____

Order received in court on [specify date(s) and to whom given]: _____

D.R.L. §§ 111(3), 111-a(4),115(9)

Form 3
(Adoption-Order
Directing Service
of Notice)
8/2010

At a term of the Court of the
State of New York, held in and for the
County of _____
at _____ New York,
on _____, _____.

P R E S E N T

Hon.
Judge

In the Matter of the Adoption of
A Child Whose First Name Is

(Docket)(File) No.

ORDER
DIRECTING
SERVICE OF
NOTICE

A petition for the adoption of the above-named adoptive child having been filed with this
Court, and

It appearing that notice should be given to the person(s) hereinafter named, it is

ORDERED that notice of the filing of said petition requesting an order approving and
allowing the adoption be given to:

in the following manner:

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT,
AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30
DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT,
35 DAYS FROM THE DATE OF MAILING OF THE ORDER
TO APPELLANT BY THE CLERK OF COURT, OR 30 DAYS
AFTER SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD
UPON THE APPELLANT, WHICHEVER IS EARLIEST.

ENTER

Judge of the Family Court

Dated: _____, _____.

Check applicable box:

- Order mailed on [specify date(s) and to whom mailed]: _____
- Order received in court on [specify date(s) and to whom given]: _____

D.R.L. §§ 111(3), 111-a(6),115(9).

Adoption Form 4
(Notice of Proposed Adoption)
10/2004

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

Docket File No.

NOTICE OF PROPOSED
ADOPTION

To:

PLEASE TAKE NOTICE that a petition requesting an order approving and allowing the adoption of an adoptive child whose first name is [specify]: _____, who is alleged to be your [specify relationship]: _____, and whose full name and date and place of birth is set forth in a Schedule annexed to the petition for adoption herein, together with an agreement to adopt and consents to the adoption pursuant to the Domestic Relations Law, has been filed with the [specify]: _____ Court of the State of New York, _____ County. A hearing on the petition will be held at the Court, located at [specify address]: _____ on [specify date]: _____, at [specify time]: _____ o'clock in the morning afternoon of that day, at which time and place all persons having any interest therein will be heard.

[Check box if applicable pursuant to Domestic Relations Law §111-a(6)]:

PLEASE TAKE FURTHER NOTICE that your failure to appear may constitute a denial of your interest in the child, which may result, without further notice to you, in the adoption or other disposition of the custody of the child.

Signature of Petitioner's Attorney

Attorney's Name (print or type)

Attorney's Address and Telephone Number

At a term of the Court of the
State of New York, held in and for the
County of _____,
at _____ New York,
on _____, _____.

P R E S E N T:

Hon.
Judge

In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

ORDER FOR
INVESTIGATION

UPON reading and filing the petition, agreement of adoption and consents and other
papers submitted herein, it is

ORDERED that _____ be and hereby is designated and
appointed to investigate the truth and accuracy of the allegations of the petition; and it is further

ORDERED that said investigator shall ascertain as fully as possible and incorporate
in a report such other factors relating to the adoptive child and the adoptive parents as will give
the court adequate time for determining the propriety of approving the adoption; and it is
further

ORDERED that within thirty (30) days of the date of this order, unless this Court
shall grant an extension of such period for good cause shown, said investigator shall make a
written report of such investigation and submit the same to this Court; (and it is further

ORDERED

).

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT,
AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30
DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT,
35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO
APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER
SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD
UPON THE APPELLANT, WHICHEVER IS EARLIEST.

ENTER

Judge of the Family Court

Date: _____, _____.

Check applicable box:

- Order mailed on [specify date(s) and to whom mailed]: _____
- Order received in court on [specify date(s) and to whom given]: _____

Agency Adoption: Required Submissions

Generally Submitted by the Petitioning Adoptive Parents

- Petition for Adoption (Agency);
- Affirmation Identifying Party;¹
- Affirmation of Financial Disclosure;
- Agreement of Adoption and Consent;²
- Request for Information (OCFS-3937);³
- Supplemental Affirmation;
- Marital History Affirmation (if required);⁴
- Marriage Certificate;
- Certified Copy of Judgment of Divorce;
- Death Certificate (deceased spouse);
- Attorney's Affirmation and Proof of Filing;
- Proposed Order of Adoption;
- Proposed Order of Incorporation (if applicable);
- Report of Adoption;⁵
- References (if required);

Generally Submitted by the Agency

- Verified Schedule;
- ICPC Documentation (if applicable);
- Certified Copy of Child's Birth Record;
- Child's Medical History;
- Consent of Child Over 14;⁶
- Affirmation Regarding Status of Appeal;
- Criminal History / Background Check;
- Home Study;
- Proof of Subsidy;
- Copies of Surrender / TPR Decision / Order;
- Copy of Post-Adoption Contact Agreement / Schedule A (if applicable);
- Adoption Information Registry Consent Form (if applicable);

¹ Best practice to attach copies of photo identification to avoid duplication of clerical errors.

² Will also be signed by the Agency Representative in accordance with local practices.

³ Required unless performed by the Agency, local practices dictate.

⁴ Best practice to provide the full marital history of both petitioners, whether married or unmarried.

⁵ Only applicable to children born in New York State, outside of New York City.

⁶ Best practice to have the child sign at the free child permanency hearing.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Adoption of
A Child Whose First Name is

(Docket)(File) No.

PETITION FOR
ADOPTION
(Agency)

.....
The Petitioner(s) respectfully allege(s) to this Court that [Delete inapplicable provisions]:

1. Petitioning adoptive parent [specify name]:

a. resides at [specify address, including county]:

b. is of full age, having been born on [specify date of birth]:

c. is unmarried

married to [specify name]: and living together;

married to [specify name]: and living separate and apart
pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the
parties thereto and acknowledged or proved in the form required to entitle a deed to be recorded;

married to [specify name]: and living separate and
apart for at least three years prior to commencement of the proceeding);

d. is of the following religious faith, if any [specify]:

e. is engaged in the following occupation [specify]: and earns
\$ in approximate annual income [delete if inapplicable]: of which \$ is
support and maintenance to be received from the Commissioner of Social Services on behalf of the
adoptive child.

2. Petitioning adoptive parent [specify name]:

a. resides at [specify address, including county]:

b. is of full age, having been born on [specify date of birth]:

c. is unmarried

married to [specify name]: and living together;

married to [specify name]: and living separate and apart
pursuant to a decree or judgment of separation or pursuant to a separation agreement subscribed by the
parties thereto and acknowledged or proved in the form required to entitle a deed to be recorded;

married to [specify name]: and living separate and apart for at least three years prior to commencement of the proceeding);

d. is of the following religious faith [specify]:

e. is engaged in the following occupation [specify]: and earns \$ in approximate annual income [delete if inapplicable]: of which \$ is support and maintenance to be received from the Commissioner of Social Services on behalf of the adoptive child.

3. Upon information and belief, the adoptive child, whose first name is [specify]: was born on , at and the religious faith of such child is [specify]:

4. Upon information and belief, there will be annexed to this petition a schedule verified by a duly constituted official of [specify agency], an authorized agency, as required by section 112(3) of the Domestic Relations Law, concerning the adoptive child who is the subject of this proceeding.

5. The following is information, as nearly as can be ascertained, concerning the birth or legal parents of the adoptive child:

(a) Age and date of birth

Parent [specify name]:
Parent [specify name]:

(b) Heritage (specify nationality, ethnic background, race)

Parent [specify name]:
Parent [specify name]:

(c) Religious faith, if any

Parent [specify name]:
Parent [specify name]:

(d) Education [specify number of years of school or degrees completed at time of birth of adoptive child]:

Parent [specify name]:
Parent [specify name]:

(e) General physical appearance at time of birth of adoptive child [specify height, weight, color of hair, eyes, skin]:

Parent [type name]:
Ht: _____ Wt: _____
Hair Color: _____ Eye Color: _____
Skin Color: _____

Parent [type name]:
Ht: _____ Wt: _____
Hair Color: _____ Eye Color: _____
Skin Color: _____

(f) Annex Form 1-D which provides health and medical history of birth parents at time of birth of adoptive child, including conditions or diseases believed to be hereditary and any drugs or medication taken during pregnancy by child's mother.

(g) Specify any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interests of parents: [attach separate sheet if necessary]

6. The subject child is is not a Native-American child, who is subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check applicable box(es)]:

- parent/custodian [specify name and give notification date]:
- tribe/nation [specify name and give notification date]:
- United States Secretary of the Interior [give notification date]:

7. The manner in which the adoptive parent(s) obtained the adoptive child is as follows:

[Delete if inapplicable]: 8. The placement is subject to the provisions of section(s) 374-a 382 of the Social Services Law and the provisions of such sections have been complied with. The original approval signed by the Administrator of the Interstate Compact on the placement of Children is attached hereto.

9. The adoptive child resided with the adoptive parent(s) from [specify date]:

10. Other persons living in the household are [specify names and dates of birth]:

11. The name by which the adoptive child is to be known is:

12. Upon information and belief, the adoptive child has has not been previously adopted.

13. To the best of Petitioner(s)' information and belief, there are no persons other than those mentioned herein or in the verified schedule annexed hereto who are entitled, pursuant to Sections 111(3) and 111-a of the Domestic Relations Law, to notice of this proceeding (except):

Name:	Relationship:
Last known address:	

Name:	Relationship:
Last known address:	

Name	Relationship:
Last known address:	

14 (a). The adoptive parent(s) (has)(have) (has)(have) no knowledge that the child or an adoptive parent is the subject of an indicated report, or is another person named in an indicated report of child abuse or maltreatment, as such terms are defined in section 412 of the Social Services Law, or has been the subject of or the respondent in a child protective proceeding which resulted in an order

finding that the child is an abused or neglected child.

(b)[Check applicable box(es)]: Upon information and belief,

Neither the adoptive parent(s) nor any other adult over the age of 18 residing in the household have a criminal record.

The following adoptive parent(s)[specify]: _____ have been convicted of the following offenses [specify, including dates] of conviction]: _____
However, denial of Petitioner’s petition will create an unreasonable risk of harm to the physical or mental health of the child and granting the petition will not place the child’s safety in jeopardy and will be in the best interests of the child, pursuant to Social Services Law §378-a(2)(e)(1), for the following reason(s) [specify]: _____

The following adult over the age of 18 living in the home [specify]: _____ has the following record of criminal conviction(s) [specify, including date(s)]: _____

15. There are no prior or pending proceedings affecting the custody or status of the adoptive child, including any proceeding[s] dismissed or withdrawn, (except)[specify type of proceeding, court, disposition, if any, and date of disposition, if any]: _____

[If there is a post-adoption contact agreement, attach it and answer Question 16]:

16 On [specify date]: _____, at the time of the approval of the surrender of the child, the Family Court, [specify]: _____ County, approved the annexed post-adoption contact agreement as being in the child’s best interests. The agreement was consented to in writing by the following [specify]:
Adoptive parent(s)[specify]: _____
Birth parent(s) [specify]: _____
Adoptive child’s law guardian [specify]: _____
Sibling(s) or half-sibling(s) over the age of 14, if contact is with siblings or half-siblings [specify]: _____

17. This petition has has not been filed in the Court that exercised jurisdiction over the most recent permanency or other proceeding involving this child. [If it has not, petitioner must file affirmation, Adoption Form 1-E].

18. [Insert any additional allegations.]

WHEREFORE, the Petitioner(s) requests an order: approving the adoption of the adoptive child [specify first name]: _____ by the Petitioner(s), and [delete if inapplicable]: incorporating the post-adoption contact agreement, and directing that the adoptive child shall be treated in all respects as the child of the Petitioner(s), and directing that the name of the adoptive child be changed and that (s)he shall henceforth be known by the name of [specify]: _____, together with such other and further relief as may be just and proper.

Dated: _____, _____.

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 18: typed or printed name/ signature¹

Attorney if any: typed or printed name/signature

Attorney’s Address and Telephone number

¹ If the child is over the age of 14, written consent to the adoption must also be attached.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

AFFIRMATION
IDENTIFYING
PARTY
(Agency)

.....
I [specify name of affiant]: , having been duly sworn, deposes and
states the following:

1. [Delete if inapplicable]: I am an attorney at law duly licensed to practice under the
laws of the State of New York and have an office at [specify address]:

2. I know [specify name of party]:
and I know that he she is the same person described in and who
executed the annexed [specify]: [delete if inapplicable]: and
who is now present before the Court.

3. [Delete if inapplicable]: I know [specify name of additional party]:
and I know that he she is the same person described in and who
executed the annexed [specify]: [delete if inapplicable]: and
who is now present before the Court.

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New
York, which may include a fine or imprisonment, that the above statements are true, and I
understand that this document may be filed in an action or proceeding in a court of law.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

AFFIRMATION OF
FINANCIAL
DISCLOSURE -
PARENTS
(Agency)

_____ (and _____)
being duly affirm, depose(s) and say(s):

1. That deponent(s) reside(s) at _____
and (is)(are) _____
the (petitioning adoptive parent(s) (birth or legal parent(s)) of the above-named adoptive child; and

2. That deponent(s) (has)(have) paid or given or caused to be paid or given or undertaken to pay or give the following expenses, contributions, compensation or things of value, either directly or indirectly, to any person, agency, association, corporation, institution, society or organization, in connection with the placing out of said adoptive child with deponent(s) or with the adoption of said child by deponent(s):

[Specify recipient, amount, form,
and purpose of each payment. If
none, so state.]

3. That deponent(s)(has)(have) requested, received, or accepted, either directly or indirectly, the following compensation or things or value from any person, agency, association, corporation, institution, society or other organization in connection with the placing out of said adoptive child with deponent(s) or with the adoption of said child by deponent(s).

[Specify source, amount, form
and purpose of each payment
requested or received. If none,
so state.]

I affirm this ___ day of _____, ____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

*(Adoptive) (Birth)(Legal) Parent: typed or printed name/ signature

*(Adoptive)(Birth) (Legal) Parent: typed or printed name/ signature

*Attorney if any: typed or printed name/signature

*Attorney's Address and Telephone number

D.R.L. § 111(1)(f), 112(2)(b)113

Form 2-A
(Agreement of Adoption
and Consent -- Agency)
8/2002

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child Whose First Name Is

(Docket)(File) No.

AGREEMENT OF
ADOPTION AND
CONSENT (Agency)

The undersigned petitioning adoptive parent(s) hereby agree(s) to adopt the above-named adoptive child and to treat said child in all respects as (his) (her) (their) own lawful child and to extend and assure to said child all the rights, benefits and privileges incident to such relationship, and to incur and fulfill all the responsibilities of (a parent) (parents) with respect to said child.

Dated:

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 14: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

“NOTIFICATION TO PROSPECTIVE ADOPTIVE PARENTS OF THE SECTION 422.4(A)(p) PROCEDURE”

I (we) understand that if I (we) am (are) named in a pending or indicated child abuse or maltreatment report(s) on file with the SCR then all information contained in my (our) SCR record concerning such pending or indicated reports will be provided by the court to the disinterested person conducting the court ordered private placement adoption investigation, with the exception of the name(s) or identifying description(s) of the person(s) who reported the suspected child abuse or maltreatment unless written permission for release of identity has been authorized by such reporting person(s).

I (we) further understand that the results of the inquiry will be considered by the court pursuant to Section 116 of the Domestic Relations Law as one of the factors which may bear upon the outcome of my (our) adoption application.

This form is not an application for adoption. It is to be used solely for the purposes described in Section 422.4(A)(p) of the Social Services Law. I (we) understand that the purpose of collecting the demographic data on other persons in my (our) household is to enable the New York State Office of Children and Family Services to identify with the greatest degree of certainty whether or not I (we) am (are) named in a child abuse or maltreatment report(s). The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

**A disinterested person as defined in Section 116(5) of the Domestic Relations Law includes the probation service of the Family Court, a licensed master social worker, licensed clinical social worker, or an authorized agency specifically designated by the court to conduct pre-placement investigations.

COURT INSTRUCTIONS

RESOURCE ID #: Record your Resource ID # as appropriate. If you need assistance, email: ocfs.sm.conn_app@ocfs.state.ny.us

DOCKET/FILE #: Record your Court Docket File # as appropriate.

AGENCY LIAISON: Record name of Adoption Liaison or Disinterested Person**.

Adoption forms are to be sent to: **The New York Statewide Central Register
Of Child Abuse and Maltreatment
P.O. Box 4480, Attn: Service Center Unit
Albany, N.Y. 12204-0480**

ADDITIONAL ADDRESSES

LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	
LAST NAME		FIRST NAME				M.I.
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO	

TO ORDER MORE FORMS:

Please access the **Request for Forms and Publications** form, (OCFS-4627) from the Internet: http://www.ocfs.state.ny.us/main/forms/management_services/

Mail your completed **Request for Forms and Publications**, (OCFS-4627) to the **Office of Children and Family Services, Forms Management Unit, Resource Distribution Center, 11, 4th Ave, Rensselaer, NY 12144-2629**. If you have difficulty accessing the form from the web-site, you can call **The Forms Hot Line at: 518-473-0971**.

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

SUPPLEMENTAL
AFFIRMATION
(AGENCY)

(and

)
being duly affirmed, depose(s) and say(s):

That deponent(s) (is) (are) the same person(s) who on
filed in this Court a petition for adoption of the above-named adoptive child. Deponent(s)
reallege(s) and reaffirm(s) each of the matters set forth in said petition heretofore filed and
represent(s) to the Judge of this Court that there has been no change of circumstances whatsoever
since the filing of said original petition, dated: _____, except as follows:

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New
York, which may include a fine or imprisonment, that the above statements are true, and I
understand that this document may be filed in an action or proceeding in a court of law.

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 18: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF SULLIVAN

-----X

In the Matter of the Adoption of a
Child Whose First Name is:

**MARITAL HISTORY
AFFIRMATION**

-----X

Docket No.:

STATE OF NEW YORK)

COUNTY OF SULLIVAN) ss.:

_____, pursuant to CPLR § 2106, hereby affirms as follows:

[print your name clearly]

1. I am the ___ Petitioning Adoptive Parent, ___ Birth Parent, or ___ Petitioner for Certification as a Qualified Adoptive Parent in connection with the above-referenced proceeding.
2. I am currently ___unmarried / ___married to _____.
3. ___ I have been previously married. ___ I have not been previously married.
4. I hereby disclose to the Court the names of all of my prior spouses as follows along with the dates upon which those marriages ended and the manner in which they ended (i.e. divorce, annulment, or death of spouse):

_____.
5. Attached hereto are certified copies of all judgments of divorce or annulment to which I was a party. Attached hereto are certified copies of the death certificates for any spouses that I have survived. If no attachments are made hereto, I swear or affirm that I have never been previously married.

I affirm this ___ day of _____, _____, under the penalties of perjury of the laws of the State of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document will be filed in an action or proceeding in a court of law.

[signature]

NEW YORK STATE UNIFIED COURT SYSTEM ATTORNEY'S AFFIRMATION

Agency and Private Placement Adoptions

Names or other information likely to identify the birth or adoptive parents or the adoptive child are to be omitted from the information to be supplied in the attorney's statement

Pursuant to 22 NYCRR 603.33; 691.23; 806.28; 1015.17

(a) Every attorney appearing for an adoptive parent, a natural parent, or an adoption agency in an adoption proceeding in the courts within this judicial department, shall, prior to the entry of an adoption decree, file with the Office of Court Administration of the State of New York and with the Court in which the adoption proceeding has been initiated, a signed statement under oath setting forth the following information (please type or print, use additional pages where necessary):

1. **Name of Attorney:** Last Name: _____ First Name _____ Initial _____

2. **Association with firm:** (if any) _____

3. **Business Address:** Street _____

City _____ State _____ Zip _____

4. **Telephone Number:** _____

5. **Docket Number of Adoption proceeding:** _____

6. **Court where adoption has been filed:** (include county) _____

7. **The date and terms of every agreement,** written or otherwise, between the attorney and the adoptive parents, the birth parents, or anyone else on their behalf, pertaining to any compensation or thing of value paid or given, or to be paid or given by or on behalf of the adoptive parents or the birth parents, including but not limited to retainer fees. (Indicate whether the agreement is in writing or oral by checking the appropriate box).

Date of Agreement: _____ Written Agreement Oral Agreement

Terms of Agreement: _____

8. **The date and amount of any compensation paid or thing of value given,** and the amount of total compensation to be paid or thing of value to be given to the attorney by the adoptive parents, the birth parents, or by anyone else on account of or incidental to any assistance or service in connection with the proposed adoption. (If the source of compensation or thing of value is the birth parents or the adoptive parents check appropriate box only; if other, specify name).

Date: _____ Compensation paid or thing of value given: _____

Source of compensation or thing of value given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ (specify name) _____

Total compensation to be paid or thing of value to be given: _____

Source of compensation to be paid or thing of value to be given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ (specify name) _____

9. **A brief statement of the nature of the services rendered:** _____

Complete items 10-11 if another attorney or attorneys will share in the fees received in connection with the proposed adoption:

10. The name and address of any other attorney or attorneys, who shared in the fees received in connection with the services or to whom any compensation or thing of value was paid or is to be paid, directly or indirectly, **by the attorney.** Include the amount of such compensation or thing of value.

Name: _____

Address: _____

Compensation paid or thing of value given: _____ Date paid: _____

Compensation to be paid or thing of value to be given: _____

11. The name and address of any other attorney or attorneys, if known, who received or will receive any compensation or thing of value, directly or indirectly, **from the adoptive parents, birth parents, agency or other source,** on account of or incidental to any assistance or service in connection with the proposed adoption. Include the amount of such compensation or thing of value, if known. If the source of compensation or thing of value is the birth or adoptive parents, check appropriate box only; if other, specify name.

Name: _____

Address: _____

Compensation paid or thing of value given: _____ Date paid: _____

Source of compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Compensation to be paid or thing of value to be given: _____

Source of compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Complete items 12-13 if another person, agency, association, corporation, institution, society or organization will share in the fees received in connection with the proposed adoption:

12. The name and address of any other person, agency, association, corporation, institution, society or organization who received or will receive any compensation or thing of value **from the attorney**, directly or indirectly, on account of or incidental to any assistance or service in connection with the proposed adoption. The amount of such compensation or thing of value.

Name: _____

Address: _____

Compensation paid or thing of value received: \$ _____ Date paid: _____

Compensation or thing of value to be received: _____

13. The name and address, if known, of any person, agency, association, corporation, institution, society or organization to whom compensation or thing of value has been paid or given or is to be paid or given **by any source** for the placing out of or on account of or incidental to assistance in arrangements for the placement or adoption of the adoptive child. The amount of such compensation or thing of value and the services performed or the purpose for which the payment was made. If the source of compensation or thing of value is the birth parents or the adoptive parents, check appropriate box only; if other, specify name. If additional space is needed, attach separate page.

Name: _____

Address: _____

Compensation paid or thing of value given: \$: _____ Date paid: _____

Source of Compensation: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Compensation to be paid or thing of value to be given: \$: _____

Source of Compensation to be paid or thing of value to be given: Birth parents \$ _____ Adoptive parents \$ _____

Other \$ _____ Specify name and address: _____

Service performed or purpose of payment: _____

14. **A brief statement** as to the date and manner in which the initial contact occurred between the attorney and the adoptive parents or birth parents with respect to the proposed adoption.

Date: _____

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature: _____ Date: _____

Department: _____ District: _____

Note:
Adoption Affirmations (UCS-836) must be signed personally and filed electronically by the attorney with the Office of Court Administration (OCA) using their Attorney Online Services Account. Access to the Adoption Affidavit E-filing system can be found here. www.nycourts.gov. The Adoption Affirmation E-filing system will assign a date-stamped OCA code number and provide proof of filing.

All Adoption Affirmation inquiries should be directed to: R-C@nycourts.gov

All statements filed by attorneys shall be deemed to be confidential, and the information therein contained shall not be divulged or made available for inspection or examination to any person other than the client of the attorney in the adoption proceeding, except upon written order of the Presiding Justice of the Appellate Division.

At a term of the Family Court of the
State of New York, held in and for the
County of _____,
at _____, New York,
on _____, _____.

PRESENT:

Hon.

Judge

.....
In the Matter of the Adoption of
A Child Whose First Name Is

(Docket) (File) No.

ORDER OF
ADOPTION
(Agency)

.....
The Petition of _____ (and _____), verified the
day of _____, _____, having been duly presented to this Court, together with an agreement on
the part of the petitioning adoptive parent(s) to adopt and treat as (his)(her)(their) own lawful child the
adoptive child having the given first name of _____
and whose full name is _____, and whose birth day is _____, _____, and who
was born at _____, _____, as set forth in the verified schedule attached to the
petition for adoption and having been made a part thereof; together with a document setting forth all
available information comprising the adoptive child's medical history; together with the affidavit(s) of
and the consent(s) of _____

[Delete if inapplicable]: AND together with the written post-adoption contact agreement,
consented to by Petitioner(s), by the child's birth parent(s)[specify]: _____,
by the child's attorney for the child [specify]: _____, by the child's sibling(s) or
half-sibling(s) [specify; delete if inapplicable] : _____
and by the child, attached and incorporated into this Order;¹

AND, although (his)(her)(their) consent(s) (is)(are) not required, the Court having given notice
of the proposed adoption to [specify]: _____

AND the above-named petitioning adoptive parent(s) and the adoptive child and all other
persons whose consents are required having personally appeared before this Court for examination,
(except [specify]: _____);

[Required in cases involving Native-American children; check if applicable]:

¹ NOTE: If a post-adoption contact agreement is incorporated into this order, the court-ordered
agreement, but not this Order, shall be given to the birth parents.

And the following having been duly notified [check applicable box(es)]:
 parent/custodian tribe/nation United States Secretary of the Interior;
And the tribe/nation having: appeared not appeared;

AND the agency having obtained a New York State and national criminal history of the petitioning adoptive parents and adults over 18 residing in their home and [check applicable box]:
 such check having revealed no disqualifying convictions, as provided in Section 378-a of the Social Services Law;

such check having revealed that Petitioner [specify]: _____ was criminally convicted but the Court having determined that denial of Petitioner's petition will create an unreasonable risk of harm to the physical or mental health of the child and that granting the petition will not place the child's safety in jeopardy and will be in the best interests of the child, pursuant to Social Services Law §378-a(2)(e)(1);

such check having revealed that another adult over 18 in the home [specify]: _____ was criminally convicted but the Court having determined that adoption by the Petitioner(s) will nonetheless be in the child's best interests;

AND an investigation having been ordered and made and the written report of such investigation having been filed with the Court, as required by the Domestic Relations Law;

[Check if applicable]: AND the verified report of _____, the authorized agency, dated _____, is hereby accepted, pursuant to section 113 of the Domestic Relations Law, as the report of investigation required by section 112 of the Domestic Relations Law;

AND the adoptive child having resided with the petitioning adoptive parent(s) since [specify date]: _____ and [check box, if applicable]: the judge having dispensed with the three month period of residency with the adoptive parent(s), pursuant to section 112 of the Domestic Relations Law because [specify]: _____

AND the court having inquired of the statewide central register of child abuse and maltreatment and having been informed that [check applicable box(es)]:

Neither the adoptive parent(s) (is) (are) not the subject of, or another person named in, an indicated report filed with such register as such terms are defined in section 412 of the Social Services Law);

The adoptive parent(s) (is) (are) the subject of, or another person named in, an indicated report filed with such register as such terms are defined in section 412 of the Social Services Law, as follows [specify]: _____

and the Court having given due consideration to the information contained therein;

AND this Court having determined that the best interests of the adoptive child will be promoted by the adoption and that there is no reasonable objection to the proposed change of the name of the adoptive child;

NOW, on motion of _____, attorney for the petitioner(s) herein, and upon all the papers and proceedings herein, it is

ORDERED that the petition of _____ (and _____) for the adoption of [specify]: _____, a person born on [specify date]: at [specify]: _____, is allowed and approved; and it is further

ORDERED that the adoptive child shall henceforth be regarded and treated in all respects as the lawful child of the adoptive parent(s); and it is further

ORDERED that the name of the adoptive child is changed to [specify]: and that the adoptive child shall hereafter be known by that name; and it is further

ORDERED that the Clerk prepare, certify and deliver to [specify]: a copy of this order; and it is further

ORDERED that the child's medical history; heritage of the parents, which shall include nationality, ethnic background and race; education, which shall be the number of years of school completed by the parents at the time of the birth of the adoptive child; general physical appearance of the parents at the time of the birth of the adoptive child, including height, weight, color of hair, eyes, skin; occupation of the parents at the time of birth of the adoptive child; health and medical history of the parents at the time of birth of the adoptive child, including all available information setting forth conditions or diseases believed to be hereditary, any drugs or medication taken during pregnancy by the mother; and other information which may be a factor influencing the child's present or future well-being; and talents, hobbies and special interests of the parents as contained in the petition, shall be furnished to the adoptive parent(s); and it is

[Check box if applicable]: ORDERED that the post-adoption contact agreement, which was approved as being in the child's best interests by the Court that approved the child's conditional surrender and which was consented to in writing by the following [specify]:

- Adoptive parent(s)[specify]:
- Birth parent(s) [specify]:
- Adoptive child's attorney [specify]:
- Sibling(s) or half-sibling(s) over the age of 14, if contact is with siblings or half-siblings [specify]:

is hereby incorporated into this Order of Adoption; and a true copy of such post-adoption contact agreement and Order of Incorporation shall be given to all parties to the post-adoption contact agreement;² and it is further

[Check box if applicable]: ORDERED that, if required by a governmental agency, including but not limited to, the United States Social Security Administration, the United States Passport Office and the New York State Department of Motor Vehicles, in connection with an application submitted by

² The Order of Incorporation and Post-Adoption Contact Agreement, but not this Order of Adoption, must be given to the parties to the agreement.

or on behalf of the adoptive child, the adoptive parent(s)' attorney [specify]:
is authorized to deliver a certified copy of this Order of Adoption to such agency directly or to the
adoptive parent, as he or she deems appropriate; and it is further

ORDERED that this order, together with all other papers pertaining to the adoption, shall be
filed and kept as provided in the Domestic Relations Law and shall not be subject to access or
inspection except as provided in this Order or such Law.

ENTER

 Judge of the Family Court Surrogate

Dated: , .

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT,
AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30
DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT,
35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO
APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER
SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD UPON
THE APPELLANT, WHICHEVER IS EARLIEST.

Check applicable box:

- Order mailed on [specify date(s) and to whom mailed]: _____
- Order received in court on [specify date(s) and to whom given]: _____

At a term of the Family Court of the
State of New York, held in and for the
County of _____,
at _____, New York,
on _____.

PRESENT:
Hon. _____
Judge

.....
In the Matter of the Adoption of
A Child Whose First Name Is

(Docket) (File) No.

ORDER OF INCORPORATION OF
POST-ADOPTION CONTACT
AGREEMENT (Agency Adoption)

.....
A Petition having been presented to this Court regarding the adoption of the
above named child, and the Petition having included a surrender/consent to
adopt signed by the following birth parent(s)[specify]:
before Judge [specify]: _____ of [specify Court and County]:
on [specify date]:

And the Court that approved the execution of the surrender having also approved the
attached Post-adoption Contact Agreement signed and agreed to by the following [specify]:

as being in the best interests of the child;¹

And this Court having issued an Order, Docket No. [specify]:
for the child to be adopted, it is hereby

ORDERED that the terms and conditions of the attached Post-adoption Contact
Agreement are hereby incorporated into the Adoption order such that the terms and conditions
survive the adoption order and are subject to proceedings under DRL 112-b; and it is
further

¹ A true copy of the approved Post-adoption Contact Agreement must be attached to this Order.

ORDERED that the [check applicable box]: Clerk of Court Other [specify]:
shall provide a copy of this incorporation order and the attached Post-adoption Contact Agreement to all those persons and their attorneys who are listed above as those who signed and agreed to the terms and conditions of the Post-adoption Contact Agreement.

And it is further ORDERED that:

ENTER

 Judge of the Family Court Surrogate

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT,
AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30
DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT,
35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO
APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER
SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD UPON
THE APPELLANT, WHICHEVER IS EARLIEST.

Dated: _____, _____.

Check applicable box:

- Order mailed on [specify date(s) and to whom mailed]: _____
- Order received in court on [specify date(s) and to whom given]: _____

SEND TO: Amendment Unit, Vital Records Section, P.O. 2602, Albany, NY 12220-2602

1. Information on Original Certificate				
Infant	1. Name: <i>First</i> <i>Middle</i> <i>Last</i>			2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	3. Date of Birth: <small>Month</small> <small>Day</small> <small>Year</small>	4a. County (NYS) of Birth:	4b. Town of Birth:	4c. City or Village of Birth:
Mother	5a. Maiden Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	5b. Social Security Number:	5c. Was mother's consent to the adoption required at the time of adoption or was mother's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father	6a. Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	6b. Social Security Number:	6c. Was father's consent to the adoption required at the time of adoption or was father's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Information on Amended Birth Record Following Adoption				
Infant	7. Name by Adoption: <i>First</i> <i>Middle</i> <i>Last</i>			
Adoptive Parents	8a. Maiden Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	8b. Date of Birth: <small>Month</small> <small>Day</small> <small>Year</small>	8c. State of Birth: (<i>Country if not USA</i>)		8d. Social Security Number:
	9a. Residence: State	9b. County:	9c. Town:	9d. City or Village:
	9e. Within the corporate limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	9f. Residence: Street and Number		
	10. Mailing Address for Notice of Birth Registration: (Include Zip Code)			
Father	11a. Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	11b. Date of Birth: <small>Month</small> <small>Day</small> <small>Year</small>	11c. State of Birth: (<i>Country if not USA</i>)		11d. Social Security Number:
3. Attorney				
Attorney	12a. Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	12b. Firm:			
	12c. Mailing Address: (Include Zip Code)			

DOH-1928 (12/2003)

4. Certification

Pursuant to Section 254 of the Judiciary Law, I hereby certify that the child described was adopted by the parents cited in this report on the

SEAL OF THE COURT



_____ day of _____, _____

as set forth in the decree made in the _____

Court of _____ County, State of New York.

Signed: _____ Clerk of Court _____ Date _____



NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
PERSONAL REFERENCE
ADOPTION ONLY

Instructions:

Home finders/agency workers: Complete **Section 1**. Each applicant must have three references that can attest to the applicant's character, habits, reputation, and personal qualifications.

Reference: Complete **Section 2** and return, as instructed by the home finder/agency worker.

SECTION 1:	
NAME OF APPLICANT:	
The above-named applicant has applied to: AGENCY NAME:	
to become an adoptive parent. As part of the application process, the agency is required to obtain feedback about the applicant. Your name has been provided by the applicant as a personal reference. Please complete the information below and return this form in the self-addressed stamped envelope or scan and email the form to:	
no later than ____ / ____ / ____.	
If you have any questions, feel free to contact:	
NAME:	PHONE: () -

SECTION 2: REFERENCE INFORMATION	
The information provided will be used to make a final determination and may be shared with the applicant. However, the source of the information will remain anonymous.	
Reference name:	
Address:	
Telephone number:	
Email address:	
What is your relationship with/to the applicant?	
How long have you known the applicant?	
Describe your impression of the applicant	
Character and judgement:	
Habits and reputation:	
Ability to manage financial resources:	
Capacity to develop meaningful relationship with others:	
Parenting style, if applicable: <input type="checkbox"/> N/A	
Describe below the qualities that you feel would contribute to the applicant's ability to be an adoptive parent. Please note any concerns that you may have.	

Thank you for your time. Please sign and date below and return this form in the self-addressed stamped envelope or scan and email the form to the email address indicated in **Section 1**.

PRINT NAME:	
SIGNATURE: X	DATE: / /

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of the Adoption of
A Child Whose First Name is

(Docket) (File) No.

VERIFIED SCHEDULE
(Agency)

TO THE COURT:

1. I, _____, am a duly constituted official of _____, the authorized agency whose principal office is at _____, and who has custody of is placing the adoptive child named in the caption of this proceeding for adoption.

2. On information and belief, the full name, date and place of birth of the adoptive child are:
[Attach certified copy of birth certificate]

3a. On information and belief, the full name and last known address of the birth mother of the adoptive child are:

3b. On information and belief, the full name and last known address of the birth father of the adoptive child are:

4. This agency obtained custody of the adoptive child in the following manner:

5. [Applicable to *Interstate Compact on Placement of Children* cases]: The administrator of the *Interstate Compact for the Placement of Children* of the State of New York or his or her designee, has certified that such placement complied with the provisions of the compact. A true copy of the signed document is attached and made a part of this schedule.

6. [Check applicable box(es)]:

(a) The consent to this adoption by [specify]: _____, birth mother of the adoptive child, is attached hereto is unnecessary for the following reasons [specify]:

(b) The consent to this adoption by [specify]:
birth father of the adoptive child, is attached hereto is unnecessary for the following reasons
[specify]:

7. [Extra-judicial surrenders ONLY; delete applicable box; skip paragraph if inapplicable]:

[Applicable to child surrendered from foster care, pursuant to Soc. Serv. Law §383-c]:

The birth parent(s) of the adoptive child has/have has/have not requested this agency
to return the adoptive child to the birth parent(s) within 45 days of the execution and delivery of an
instrument of surrender to an authorized agency, except [specify, if applicable]:

[Applicable to child surrendered who was NOT in foster care, pursuant to Soc. Serv. Law
§384]: The birth parent(s) of the adoptive child has/have has/have not requested this agency to
return the adoptive child to the birth parent(s) within 30 days of the execution and delivery of an
instrument of surrender to an authorized agency, except [specify, if applicable]:

8. Attached hereto and made a part hereof is a document setting forth all available
information comprising the adoptive child's medical history.

9. [Applicable if there is a Post-adoption Contact Agreement; attach true copy]:

On [specify date]: _____, at the time of the approval of the surrender
of the child, the Family Court, [specify]: _____ County, approved the attached Post-adoption
Contact Agreement as being in the child's best interests. The agreement was consented to in writing by
the following [specify]:
Adoptive parent(s) [specify]:
Birth parent(s) [specify]:
Adoptive child's law guardian [specify]:
Sibling(s) or half-sibling(s) over the age of 14, if contact is with siblings or half-siblings [specify]:

Date:

Authorized Agency

By _____

Title

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
 ss.:
COUNTY OF)

being duly sworn,

deposes and says:

That (he) (she) is a duly constituted official of the above-named authorized agency, to wit, its

;

That (he) (she) has read the foregoing Schedule and knows the contents thereof; that the same is true to (his) (her) own knowledge except as to matters therein stated to be alleged on information and belief and that as to those matters (he) (she) believes it to be true.

Agency Official

Sworn to before me this
day of , .

(Deputy) Clerk of the Court
Notary Public

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Adoption of
A Child whose First Name is _____

(Docket)(File) No. _____

Child's Medical
History (Agency or
Private-Placement)

1. Age and date of birth of child: _____

2. Has the child had any of the following illnesses or health problems: (Where indicated, specify below or on additional sheet).

- | | |
|---|---|
| <input type="checkbox"/> (AIDS Infection)
(HIV positive status) ¹ | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Allergy to foods/other
substances | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Allergy to medications
(prescription or over-
the-counter) | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Mental/Behavioral disorders (specify): |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Circulatory system
disorders (specify): | <input type="checkbox"/> Parasites in stool |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Sickle Cell Anemia/Trait |
| <input type="checkbox"/> Measles (Rubeola) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Heart problems (specify): | <input type="checkbox"/> Urinary tract infection |
| | <input type="checkbox"/> Whooping Cough (Pertussis) |
| | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> Operations/Accidents/Fractures
(specify): |

3. Immunizations: give dates of the following:

D.P.T/D.T. _____
Polio (oral) _____
Measles _____ Mumps _____ Rubella _____
Hemophilus Influenza B. (H.I.B.) _____
Heptavax/Hepatitis Immune Globulin _____
Influenza (Flu) _____
Pneumonia vaccine _____

¹ Delete inapplicable provision.

Other (specify) _____
Tuberculosis test (most recent/result) _____

4. List Pre-natal History:

- | | |
|--|--|
| <input type="checkbox"/> First trimester bleeding | <input type="checkbox"/> Drugs (such as marijuana, heroin, methadone or amphetamines) (specify): |
| <input type="checkbox"/> Toxemia (high blood pressure or protein in the urine) | |
| <input type="checkbox"/> Medications (other than vitamins or iron) | <input type="checkbox"/> Alcohol (occasional)(moderate)(heavy) ² (specify): |
| <input type="checkbox"/> Diabetes or thyroid problem (specify): | |

Birth:

Birth weight _____ length _____
 Apgar score: 1 min. _____ 5 mins. _____
 Date baby was due _____
 Date baby was born _____
 Complications of delivery:
 Premature rupture of membranes
 Caesarian: routine _____ emergency _____
 Excessive bleeding: abruption _____ placenta previa _____

Newborn:

- Resuscitation required
- Yellow jaundice:
lights _____ exchange transfusion _____
- Infection (specify):
- Breathing problem (specify):
- Other (specify):

5. List congenital impairments, including physical defects, if any.

6. State present health or cause of death (give ages), if known, of:

²Delete inapplicable provision.

Birth father:
 Birth mother:
 Siblings: full:

half:

7. If known, indicate whether birth mother had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal disease,
(e.g., gall bladder, ulcer,
irritable bowel disorder)
(specify): |
| <input type="checkbox"/> Mental or nervous
disorder e.g.,
schizophrenia,
depression, manic
depressive illness
(specify): | <input type="checkbox"/> Breast cancer |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Colon cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer, other (specify): |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Arthritis or rheumatism |
| <input type="checkbox"/> (Aids infection)
(HIV positive status)* | <input type="checkbox"/> Kidney disease
(specify): |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Alcoholism or other substance
abuse (specify): |
| <input type="checkbox"/> Bleeding tendency | <input type="checkbox"/> Developmental disorder
(e.g., learning disability,
(attention deficit)(specify): |
| <input type="checkbox"/> Eye or ear disorder | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Retardation: mental | |
| <input type="checkbox"/> Physical disability (specify): | |
| <input type="checkbox"/> Circulatory or blood
disorders (specify): | |
| <input type="checkbox"/> Obesity | |

8. If known, indicate whether birth father had any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal disease
(e.g., gall bladder, ulcer,
irritable bowel disorder)
(specify): |
| <input type="checkbox"/> Mental or nervous
schizophrenia,
depression, manic
depressive illness
(specify): | <input type="checkbox"/> Colon cancer |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Cancer, other
(specify): |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Sickle cell anemia | |

___ (AIDS infection)
(HIV positive status)*

___ Arthritis or rheumatism
___ Kidney disease
(specify):

*Delete inapplicable provision.

___ High blood pressure
___ Bleeding tendency
___ Eye or ear disorders
___ Retardation: mental
___ Physical disability
(specify)
___ Circulatory or blood
disorders (specify):
___ Obesity

___ Alcoholism or other substance
abuse (specify):

___ Developmental disorder
(e.g., learning disability,
attention deficit disorder)
(specify):
___ Other (specify):

Indicate source for information about child's medical history
and the source(s) for information about medical history of birth father and birth mother and whether from
direct or indirect source:

Completed by (state official
title, if any): _____

Petitioner

Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

D.R.L. §111(1) (a)

Adoption Form 2-C
(Consent of Child-
Agency)
8/2002

COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of Adoption of
A Child Whose First Name Is

(Docket)(File) No.

CONSENT OF CHILD
OVER 14

The undersigned adoptive child, who is _____ years old, having been born on _____,
hereby consents to (his)(her) adoption by
(and _____), the petitioning adoptive parent(s) in the above-entitled
proceeding.

Dated:

Child

Adoptive Parent: typed or printed name/ signature

Adoptive Parent: typed or printed name / signature

Adoptive child if over 14: typed or printed name/ signature

Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

STATE OF NEW YORK)
:ss.:
COUNTY OF)

On [specify date]: _____, [specify name]:
personally appeared before me. (He)(She) is personally known to me or proved (his)(her) identity to
me by satisfactory evidence as the person whose name is subscribed on this consent. (He)(She)
acknowledged to me that (he)(she) executed this consent.

Notary Public

D.R.L. §112

Adoption Form 10-C
(Affirmation
Regarding Status of
Appeal – Agency
Adoption)
(1/2024)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Adoption of
A Child Whose First Name Is:

Docket No.
AFFIRMATION REGARDING
STATUS OF APPEAL¹

I, [specify name], , an attorney
duly admitted to practice law in the State of New York, swear the following to be true under the
penalties of perjury:

1. I represented [specify authorized agency]: in the
following proceeding(s) that resulted in the above-named child being freed for adoption [specify
termination of parental rights and/or surrender proceeding(s)]:

2. The parental rights of the child’s birth mother were terminated as a result of [check
applicable box(es)]:

- an order of disposition in a termination of parental rights proceeding, dated [specify]:
which was served upon the:
 - attorney for the child counsel for the mother mother, if self-represented;
 - other parties [specify]:
 [Check box if applicable]: The order was not served upon the mother, because
she never appeared in the proceeding.

- This order has not been reversed, modified or vacated and [check applicable box(es)]:
- a notice of appeal has not been filed and the time to file a notice has has
not lapsed.
 - a notice of appeal was filed and:
 - the appeal was dismissed as it was not perfected.
 - the appeal was not perfected and the time to perfect has has not
lapsed.
 - the appeal was perfected and has been disposed of as follows [specify]:

and is is not the subject of any further appeal or proceeding on

¹ This form must be filed for all agency adoptions involving children freed for adoption by termination of
parental rights or surrender and should be completed by the attorney representing the agency in those proceedings.

remand pending in any Court;

a surrender of the child, dated [specify]:

The surrender has not been revoked or vacated and [check applicable box(es)]:

it is not the subject of revocation proceedings.

revocation proceedings were brought but were disposed of as follows [specify]:

a notice of appeal has not been filed and the time to file a notice has has not lapsed.

a notice of appeal was filed and:

the appeal was dismissed as it was not perfected.

the appeal was not perfected and the time to perfect has has not

lapsed.

the appeal was perfected and has been disposed of as follows [specify]:

and is is not the subject of any further appeal or proceeding on

remand pending in any Court;

3. The parental rights of the child's birth father or any other individual entitled to consent to the adoption were terminated as a result of [check applicable box(es)]:

an order of disposition in a termination of parental rights proceeding, dated [specify]: which was served upon the:

attorney for the child counsel for the father father, if self-represented; and

other parties [specify]:

[Check box if applicable]: The order was not served upon the father because he never appeared in the proceeding.

This order has not been reversed, modified or vacated and [check applicable box(es)]:

a notice of appeal has not been filed and the time to file a notice has has not lapsed.

a notice of appeal was filed and:

the appeal was dismissed as it was not perfected.

the appeal was not perfected and the time to perfect has has not

lapsed.

the appeal was perfected and has been disposed of as follows [specify]:

and is is not the subject of any further appeal or proceeding on

remand pending in any Court;

a surrender of the child, dated [specify]:

The surrender has not been revoked or vacated and [check applicable box(es)]:

it is not the subject of revocation proceedings.

revocation proceedings were brought but were disposed of as follows [specify]:

a notice of appeal has not been filed and the time to file a notice has has not lapsed.

a notice of appeal was filed and:

- the appeal was dismissed as it was not perfected
- the appeal was not perfected and the time to perfect has has not lapsed.
- the appeal was perfected and has been disposed of as follows [specify]:

and is is not the subject of any further appeal or proceeding on remand pending in any Court;

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Signature of Attorney if any

Attorney's Name (print or type)

Attorney's Address and Telephone Number

This form is to be completed by birth parents who consent to the adoption or who execute an instrument of surrender. It is used to register a birth parent's agreement or non-agreement to the release of the birth parent's name and address by the Adoption Registry to the adoptee (the adopted child). This identifying information will be given to the adopted child only when the child reaches at least eighteen years of age and voluntarily registers with the Adoption Registry.

FOR OFFICIAL NYS USE ONLY	
Registry #	_____
Date	_____

This form may also be used at any time after the adoption to agree to the release of identifying information, to withdraw your agreement or to update your contact information.

Instructions for the birth parents, adoption agencies, attorneys, courts and the NYC Department of Health and Mental Hygiene are on page 2.

1. Birth Parent Information:

Check one: Birth Mother Birth Father Date of your birth: _____
MM/DD/YYYY

Name of birth parent
First Name: _____ Middle Name: _____

Current Last Name: _____ Maiden Last Name: _____
(If Applicable)

Contact Information:

Mailing address
Street: _____ City/Town: _____
State: _____ ZIP: _____

Email address: _____ Phone: (____) ____ - _____

2. Adoptee Information:

Name given to child at birth
First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____
MM/DD/YYYY
Town, city or village of birth of adoptee: _____, New York State.

3. Agency Information:

Name of Adoption Agency or Attorney if private adoption: _____

Name of Court: _____

4. Birth Parent Statement:

I have read the Notice to Birth Parents on the reverse side of this form and I understand that if I agree to the release of identifying information the adoptee can be given my name and known address and that I will not be notified when the information is released. Further, I swear or affirm under penalty of perjury that all of the information provided on this application is true and accurate to the best of my knowledge and belief.

Yes, I agree that my name and address can be given to the adopted child if he or she registers with the Adoption Information Registry on or after his or her eighteenth birthday.

No, I do not wish my name and address to be given to the adopted child.

STATE OF _____ }
COUNTY OF _____ } **SS:**

If you change your mind after submitting this form, please complete a new form, checking either **Yes** or **No**, have the form notarized and send it to the Adoption Registry. The form with the most recent date will be kept on file.

Subscribed and sworn to
(affirmed) before me this _____

day of _____, _____

▶

Signature of Applicant

▶

Signature of Notary Public

This form was developed in accordance with the provisions of Public Health Law section 4138-c(10).

Notice to Birth Parents

Do not complete this form for children born or adopted outside of New York State. The completed form will be submitted to the Court by the agency or attorney handling the adoption. The Court will send it to the Adoption Registry.

This form allows you to choose whether or not you would like the Adoption Registry to provide your name and address ("identifying information") to the adopted child. If you agree to the release of this information, the contact information will be provided to the child only if he or she registers with the Adoption Registry. The child will be able to register once he or she has reached at least eighteen years of age.

Checking **Yes** in item 4 on this form is not the same as giving consent to adoption or surrender. Whether you check **Yes** or **No**, your consent to or acknowledgment of the adoption or surrender will still be legal.

If you do not check either **Yes** or **No** we will treat your answer as **No** unless we already have a completed form from you on file. In that case, your previous choice will be retained and only your contact information will be updated.

You will not be notified if or when the Adoption Registry gives your information to the adopted child. It will be up to the adopted child whether or not he or she will request information or contact you.

If both birth parents consented to the adoption or executed a surrender instrument, then each must complete one of these forms. If either parent does not agree to the release of identifying information or later changes his or her mind and revokes agreement to the release of identifying information, the Adoption Registry will not release the name and address of either parent to the adopted child.

If you change your mind in the future you can complete a new form and agree to the release of identifying information or cancel your agreement by checking either **Yes** or **No**, having the form notarized and submitting the new form to the *NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602*.

The adopted child will receive the most current name and address that you have on file with the Adoption Registry. To make sure the child gets your current information, it is your responsibility to notify the Adoption Registry, in writing, if you change your name, address or other information. You may use this form to notify the registry of changes in your contact information.

You can file medical information updates with the Adoption Registry. Medical information must be submitted on your medical care provider's letterhead and include: medical care provider's name, address, telephone number and signature.

Further information about the services of the Adoption Registry and forms you can download can be found at http://www.nyhealth.gov/vital_records/adoption.htm and <http://www.nycourts.gov/forms/familycourt/adoption.shtml>

Adoption Agencies & Attorneys

For a child born in New York State, this form must be completed by the birth parent at the time the birth parent is either executing or acknowledging a consent to adoption pursuant to section 115-b of the Domestic Relations Law or is executing a surrender instrument pursuant to sections 383-c or 384 of the Social Services Law.

Completed forms must be filed with the court of adoption with the consent or instrument of surrender.

Court of Adoption

For a child born in New York State, this form must be completed by each birth parent at the time such birth parent is executing or acknowledging a consent to adoption or is executing a surrender instrument for the relinquishment of the child named in this form.

Send the Report of Adoption (DOH-1928) or, for New York City, Notification of Order of Adoption (VR-47) and a copy of this form to:

Adoptee born in New York City:

NYC Department of Health & Mental Hygiene
Office of Vital Records
125 Worth St., Rm. 133, CN4
New York, NY 10013

Adoptee born elsewhere in New York State:

NYS Department of Health
Vital Records Birth Amendment Unit
P.O. Box 2602
Albany, NY 12220-2602

NYC Department of Health & Mental Hygiene

Send copies of this form, the Notification of Order of Adoption, the original birth certificate and the amended birth certificate to:

NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602