

Instructions for a Spousal Support Petition

Do not make copies of these instructions, as they are for your information only.

All forms must be completed with black ink only, and printed legibly.

To satisfy the legal requirements to have your petition for support considered, every question must be answered on the petition and applicable forms, and required documents must be attached. Failure to do so may result in the dismissal of your petition.

These forms and instructions are available in the General Clerk’s Office in the Nassau County Family Court at 101 County Seat Drive, Mineola, NY and on the Nassau County Family Court website at www.nycourts.gov/courts/10jd/nassau/family.shtml .

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| The following are required to file your petition: | |
| <ul style="list-style-type: none"> ● Petition (Form 4-3)-> | <p>original and 1 copy; if you file the petition in person and you bring an extra copy (3rd set), 1 copy will be stamped by the court and given back to you as proof of filing,</p> |
| <ul style="list-style-type: none"> ● Nassau County Family Court (NCFC) Information Sheet-> | <p>original.</p> |

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 In the Matter of a Support Proceeding

PETITION for Spousal Support

Petitioner Print your name here

-AGAINST-

Respondent Print the name of the person you are filing the petition against here

| |
|-----------------------------|
| File # <u>leave blank</u> |
| Docket # <u>leave blank</u> |
| <i>(Court use only)</i> |

The following refers to the numbered sections of the petition:

1a. Petitioner - Information: You are the petitioner (person requesting spousal support). Print your name, date of birth, address (where you reside or where you are temporarily located, including zip code).

The family court does not share personal information with the public, but petitions are provided to all parties. If your address is not known to the respondent and you are requesting that your address be kept confidential from the respondent: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check box on the NCFC Information Sheet directly below the section for your address, which asks if you are requesting to keep your address confidential. An Address Confidentiality Affirmation (General Form 21) will be mailed to you with your summons/notice. The Address Confidentiality Affirmation

must be completed and brought with you to court on the first court date.

- 1b.** Respondent - Information: The respondent is the person you are filing against. Print his/her name, date of birth and address, including zip code (if the address is unknown, then you must print the last known address).

- 2.** Check applicable box(es).

Fill in the place and date of the marriage. If you are divorced from the other party, this may not be the appropriate petition.

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- 4.** Print the name and address of all the respondent's employers and income payors*. If there are more than 2, use an additional sheet of paper.
- 5.** Check one box.
- 6.** Check one box.

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Dated: fill in the date you sign the petition

Sign and print your name on the lines provided.

After the original petition is complete, make 1 copy of the complete set. Attach the original NCFC Information Sheet to the original petition. Staple each set. Bring the 2 complete sets of papers to the General Clerk's Office of the Family Court between the hours of 9:00 a.m. and 4:45 p.m.

or - mail to:

— **Nassau County Family Court
101 County Seat Drive
Mineola, NY 11501
Attn: General Clerk's Office**

If you file the petition in person and you bring an extra copy (3rd set) of the petition, 1 copy will be stamped by the court and given back to you as proof of filing.

* income payor as defined in C.P.L.R. §5241(a)5.(i) the auditor, comptroller, trustee or disbursing officer of any pension fund, benefit program, policy of insurance or annuity; (ii) the state of New York or any political subdivision thereof, or the United States; and (iii) any person, corporation, trustee, unincorporated business or association, partnership, financial institution, bank, savings and loan association, credit union, stock purchase plan, stock option plan, profit sharing plan, stock broker, commodities broker, bond broker, real estate broker, insurance company, entity or institution.

4. The respondent has income from the following employer(s) and/or income payor(s) [print the word NONE if applicable]:

Name: _____

Address: _____

Name: _____

Address: _____

5. Has the respondent had a prior order of support that was payable through the Support Collection Unit? Yes No

6. Has there been an application made in any court, including a Native American tribunal, for the relief herein requested? Yes No

WHEREFORE, I am requesting that this court issue an order of support directing the respondent to pay fair and reasonable support, that the respondent be required to exercise the option of additional coverage for health insurance in favor of (his) (her) spouse, and for such other and further relief as the law provides.

NOTE:

(1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: ____ / ____ / ____

Petitioner [sign name]

Petitioner [print name]

**Nassau County Family Court
Information Sheet**

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

| |
|-------------------------|
| FILE # _____ |
| DOCKET # _____ |
| <i>(Court use only)</i> |

Petitioner (Person filing petition)

| | | |
|--|---|--|
| Name: (First) _____ (Middle) _____ (Last) _____ | | |
| Maiden/Alias/Nickname: (First) _____ | | (Last) _____ |
| Address: (Street) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip Code) _____ (County) _____ | | |
| If your residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with your name and residence address. | | |
| If your address is not known to the respondent and you are requesting that your address be kept confidential check box here <input type="checkbox"/> . | | |
| Home Phone #: () - | Work Phone #: () - | Cell Phone #: () - |
| Date of Birth: / / | Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____ | Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Height: ft. in. | Weight: lbs Eye Color: _____ Hair Color: _____ |
| Social Security #: - - | Driver's License ID #: _____ | State: _____ |
| Distinguishing Marks: _____ | | State: _____ |
| Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____ | | |

Respondent (Person you are filing petition against)

| | | |
|--|---|--|
| Name: (First) _____ (Middle) _____ (Last) _____ | | |
| Maiden/Alias/Nickname: (First) _____ | | (Last) _____ |
| Address: (Street) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip Code) _____ (County) _____ | | |
| If the respondent's residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with the respondent's name and residence address. | | |
| Home Phone #: () - | Work Phone #: () - | Cell Phone #: () - |
| Date of Birth: / / | Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____ | Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Height: ft. in. | Weight: lbs Eye Color: _____ Hair Color: _____ |
| Social Security #: - - | Driver's License ID #: _____ | State: _____ |
| Distinguishing Marks: _____ | | State: _____ |
| Is respondent employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____ | | |