

Instructions for a Paternity 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 paternity 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 .

The following are required to file your petition:	
● Petition (Form 5-1)→	original and 1 copy; if you file the petition in person and you bring an extra copy (3 rd set), 1 copy will be stamped by the court and given back to you as proof of filing,
● Birth Certificate, if applicable→	2 copies (a copy attached to each petition),
● Nassau County Family Court (NCFC) Information Sheet→	original (attached to the original petition only),
● Nassau County Family Court (NCFC) Paternity/ Support/UIFSA Children’s Information Sheet→	original (attached to the original petition only).

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In the Matter of a Paternity Proceeding

Petitioner Print your name here

-AGAINST-

Respondent Print the name of the person you are filing the petition against here
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PETITION for Paternity
(Individual)

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:

1. Check ✓ one box.

2a. Petitioner - Information: You are the petitioner. 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.

- 2b.** Respondent - Information: The respondent is the person you are filing against. Print his/her name, date of birth and address, including zip code (if address is unknown, you must put a last known address).

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3. Fill in the dates.
4. Choose (a) or (b) and check appropriate boxes. If (a), print the date of birth of the child.
5. Check one box.
6. Check one box. If the mother was married at the time of conception, print the name and the address of the spouse. If the spouse's address should be kept confidential: print the word CONFIDENTIAL on the address line; on another NCFC Information Sheet change the caption from Petitioner (Person filing petition) to Mother's Spouse; print spouse's name, address, and check box on the NCFC Information Sheet directly below the section for the address which asks if you are requesting the address be kept confidential.
7. Print the father's name and check all boxes that apply.
8. Print the child's name, date of birth, and check one box for the child's sex. If more than one child, fill out a separate petition for each child.

Check one box regarding the birth certificate.

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- 9a. Check one box. If yes, print the name of the court, including the county and the state. Print the docket number and names on the case for each case.
- 9b. This question refers to a specific acknowledgment of paternity form from the NYS Department of Health, form LDSS-4418 or LDSS-5171, and is sometimes signed in the hospital at the time of the child's birth. Has any other person signed this form?

Check one box. If yes, print the person's name.

10. Check ✓ one box. If yes, print the name of the court, including the county and the state. Print the docket number and names on the case for each case.
11. Check ✓ one box. If yes, check ✓ one box.

Notice: Child support enforcement services are available to assist custodial parents in collecting child support, including preparing a support petition for you. Services are also available to non-custodial parents required to pay child support. To inquire about these services, go to the Nassau County Department of Social Services Support Collection Unit at 60 Charles Lindbergh Blvd, Uniondale, NY; or call the Customer Service/Child Support Helpline at 1-888-208-4485 and choose "general child support information" when prompted; or visit the New York State website at www.newyorkchildsupport.com.

12. 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.

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VERIFICATION

When all of the questions in your petition are complete, you must affirm to the truthfulness of the petition by filling out and signing your name in the verification section.

After signing the verification on the original petition, attach the birth certificate. Make 1 copy of the complete set (petition and birth certificate). Attach the original NCFC Information Sheets to the original set. 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.

3. The petitioner had sexual intercourse with the above-named respondent during a period of time beginning on or about ____ / ____ / ____ and ending on or about ____ / ____ / ____ .

4. a. The petitioner respondent gave birth to a male female child out of wedlock on [specify date] ____ / ____ / ____ .

or

b. The petitioner respondent is now pregnant with a child who is likely to be born out of wedlock.

5. I am the petitioner and I am I am not requesting an order for genetic testing to determine the paternity of the child.

6. At the time the child was conceived, the mother:

was not married (child born out of wedlock),

or

was married to: Name: _____

*Address: _____

*** If address is not known to the respondent and you are requesting that the address be kept confidential from the respondent, print the word CONFIDENTIAL above and print the spouses's address on another NCFC Information Sheet only.**

7. The name of the person who is or may be the father of the child is _____ .

[check applicable box(es)]:

a. He has acknowledged paternity in writing.

b. He has acknowledged paternity by furnishing support.

c. He is the petitioner and acknowledges paternity by the filing of this petition.

d. none of the above.

8. The child's information, specify: Name: _____

Date of Birth: ____ / ____ / ____

Sex: Male Female

The birth certificate is attached [it must be attached if the petitioner is the mother].

or

The birth certificate is unavailable, because _____ .

9a. Has any other person been named the father of this child by this court or any other court, including a Native American court?

Yes No

If yes, specify: Name of Court (include county & state): _____

Docket #: _____

Names on the Case: _____.

9b. Has any other person signed an acknowledgment of paternity/parentage for this child?

Yes, _____ has signed an acknowledgment of paternity/parentage.

No

10. Has there been an application made in any court for the relief herein requested?

Yes No

If yes, specify: Name of Court (include county & state): _____

Docket #: _____

Names on the Case: _____.

11. Does the child live with you?

Yes No

If yes, check one box below.

I have already made an application for child support enforcement services with the Nassau County Department of Social Services Support Collection Unit (SCU); I request that the order of support be payable through the New York State Office of Child Support Enforcement (OCSE).

By filing this petition, I am now making an application for child support enforcement services with SCU. I request that the order of support be payable through OCSE. I understand that I must file additional documentation directly with SCU.

I do not wish to make application for child support services with SCU. I request that the order of support be payable directly to me without involvement from SCU or OCSE or I may not request an order of child support at this time.

12. Is the child a Native American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963)? Yes No

Pursuant to F.C.A. § 545, upon the entry of an order of filiation, the court shall, upon application of either party, enter an order of support for the subject child.

WHEREFORE, the petitioner requests that this court issue a summons or warrant requiring the respondent to show cause why the court should not enter a declaration of paternity, an order of support and such other and further relief as may be appropriate under the circumstances.

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]

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VERIFICATION

I am the Petitioner in the above-entitled proceeding and affirm this ____ day of _____, 20____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true to my own knowledge, except as to those matters stated to be alleged on information and belief and as to those matters I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

Petitioner [sign 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		Ethnic Origin:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black	
		<input type="checkbox"/> Other [specify]: _____		<input type="checkbox"/> White	
Social Security #: - -		Height: ft. in.	Weight: lbs	Eye Color:	Hair Color:
Distinguishing Marks:			Driver's License ID #:	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		Ethnic Origin:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black	
		<input type="checkbox"/> Other [specify]: _____		<input type="checkbox"/> White	
Social Security #: - -		Height: ft. in.	Weight: lbs	Eye Color:	Hair Color:
Distinguishing Marks:			Driver's License ID #:	State:	
Is respondent employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: Employer's Address:					

**Nassau County Family Court
Paternity/Support/UIFSA
Children's Information Sheet**

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

FILE # _____
DOCKET # _____
(Court use only)

Child # 1

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 2

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 3

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 4

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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