

Instructions for an Enforcement/Violation of an Order of Support Petition

Notice: Child support enforcement services are available to assist parties in child support cases, including preparing a petition for you. 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 .

As an alternative to these forms, a step-by-step computer program is available at www.nycourthelp.gov which can help you prepare and print a petition for enforcement/violation of an order of support.

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 enforcement/violation of an order of 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 .

The following are required to file your petition:

- | | |
|--|--|
| ● Petition (Form 4-12/13)-> | 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, |
| ● Current order of Support-> | if the order is a Nassau County Family Court order, then 1 copy,

if the order is not a Nassau County Family Court order, then 1 copy and 1 certified copy, except if a certified copy of the order was previously submitted on a prior support matter filed after January 1, 2013, then only 1 copy,

if the order is part of a judgment of divorce, all attachments are required with each copy, |
| ● Nassau County Family Court (NCFC)
Information Sheet-> | original, |
| ● Nassau County Family Court (NCFC)
Paternity/Support/UIFSA
Children's Information Sheet-> | original(s) (one or more to include all the children in the petition). |

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In the Matter of a Proceeding for Support
Under Article 4 of the Family Court Act

PETITION for Enforcement/Violation
of an Order of 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>	

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The following refers to the numbered sections of the petition:

1a. Petitioner- Information: You are the petitioner (party requesting relief). 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).

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2. Check applicable box. If the current support order is from a court other than Nassau County Family Court, then print the required information on the line given. Fill in the date of order; the petitioner's/plaintiff's name, the respondent's/defendant's name; the Docket #/Index #; and the terms of the order.

Check applicable box, which directs the type and number of copies of the current support order required for filing the petition according to your particular circumstances. To satisfy the legal requirements to have your petition for modification of support considered the appropriate box must be checked and the corresponding copies of the order must be provided when filing the petition. If you need assistance with this section, go to the Clerk's Office in the Family Court at 101 County Seat Drive in Mineola.

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3. Check the applicable box(es). Print applicable name(s) and date(s) of birth. If there are more than three children, use an additional sheet of paper and make sure to include the name(s) and date(s) of birth for each of the additional children.

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4. Check ✓ one box. If yes, then check ✓ one box.
5. Print the date the respondent first failed to obey the order of support. Specifically list the terms of the order of support that have not been complied with and how the respondent has not complied with these terms.

If the respondent owes you money, check ✓ applicable box and print the amount owed on the line provided. If the respondent's failure to comply with the order was willful, check ✓ applicable box.

6. Check ✓ one box.

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8. Check ✓ one box.

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 one copy. If required, see section 2 of the petition, attach the certified copy of the current support order or the certified copy of the judgment of divorce with the certified attachment(s) to the original petition. Then attach the original NCFC Information Sheets to the original petition. Attach the copy of the current support order or judgment of divorce with attachment(s) to the copy of the 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.

F.C.A. § § 440, 453, 454, 459, 461, 466, 467, Art. 5-B;
C.P.L.R. § 5242; S.S.L. § 111-g
[Note: Nassau County Family Court (NCFC) Information
Sheets containing the Social Security #'s of the parties
and the dependents must be filed with this petition]

Form 4-12/13
Support- Enf./Viol.
10/2012
NCFC 7/2015

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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In the Matter of a Proceeding for Support
Under Article 4 of the Family Court Act

PETITION for Enforcement/Violation
of an Order of Support

Petitioner _____
First M.I. Last

-AGAINST-

Respondent _____
First M.I. Last
.....

FILE # _____
DOCKET # _____
(Court use only)

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

TO THE FAMILY COURT:

The undersigned petitioner respectfully alleges that:

1a. Petitioner's Information:

Name: _____
Date of Birth: _____ / _____ / _____
*Address: _____

1b. Respondent's Information:

Name: _____
Date of Birth: _____ / _____ / _____
Address: _____

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

2. The following information applies to the current support order/judgment:

- Name of Court: Nassau County Family Court
 NYS _____ County Family Court
 NYS _____ County Supreme Court

Other [specify] _____, a court of competent jurisdiction outside the State of New York.

Date of Order: ____ / ____ / ____

Name of Petitioner/Plaintiff: _____

Name of Respondent/Defendant: _____

Docket #/Index #: _____

Terms of the Order (state what the respondent is directed to do regarding support): _____

Check one box below:

- The order is a Nassau County Family Court order; one copy has been provided for service on respondent.
- A certified copy of the non-Nassau County Family Court support order/judgment (with a certified copy of attachments) is attached; an additional copy has been provided for service on respondent.
- A certified copy of the non-Nassau County Family Court support order/judgment (with a certified copy of attachments) was previously submitted to Nassau County Family Court on a prior support matter filed after January 1, 2013; one copy has been provided for service on respondent.

3. The name and date of birth of each person for which support is ordered are as follows:

- Custodial Parent: _____ / / ,
(if applicable) [print name] [date of birth]
- Child(ren): _____ / / ,
[print name] [date of birth]
- _____ / / ,
[print name] [date of birth]
- _____ / / .
[print name] [date of birth]

4. Is the current support order/judgment from a NYS Family Court? Yes No
If no, under the terms of the support order/judgment, the court has not retained exclusive jurisdiction to modify, the support order/judgment.

If yes, is the order payable through the Support Collection Unit? Yes No

5. The respondent has failed to obey the order of support since ____ / ____ / ____ in that:

Check applicable boxes:

As a result of the respondent's violation of the support order, the respondent owes \$ _____ .

The respondent's failure to comply was willful.

6. Check one box below:

I have previously made an application for child support enforcement services with the Nassau County Department of Social Services Support Collection Unit (SCU) and I currently have an SCU case with this respondent; I request that the order of support be payable or continue to 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 continue to receive child support enforcement services from SCU after the public assistance or care case has closed. I request that the order of support continue to be payable through OCSE.

I do not wish to make an 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.

I am not eligible for child support enforcement services (the support order/judgment is for spousal support only).

- 7. Respondent, YOU ARE HEREBY NOTIFIED that the petitioner may amend this petition to include any additional arrears which shall have accrued from the commencement of this proceeding up to the date of the hearing or disposition.
- 8. Has there been an application made in any court, including a Native American tribunal, for the relief herein requested? Yes No

WHEREFORE, I respectfully request an order granting relief as set forth in Article 4 of the Family Court Act and Section 5242 of the Civil Practice Law and Rules, together with such other relief as the court may deem just and proper.

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.¹

(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]

¹Not applicable to out-of-state orders registered in NYS for enforcement purposes only.

**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"/> White <input type="checkbox"/> Non-Hispanic	
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"/> White <input type="checkbox"/> Non-Hispanic	
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:					

FILE # _____
 DOCKET # _____
 (Court use only)

**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.

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: Male Female Social Security #: - -

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: Male Female Social Security #: - -

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: Male Female Social Security #: - -

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: Male Female Social Security #: - -