

Instructions for a Support Petition

Notice: Child support enforcement services are available to assist you in collecting child support, including preparing a support 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 .

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 .

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(s) (one to include the petitioner and the respondent; an additional original to include the mother of the children <u>if</u> the mother is not a party to the petition <u>and</u> her address is confidential),</p> |
| <ul style="list-style-type: none"> ● Nassau County Family Court (NCFC) Paternity/Support/UIFSA Children’s Information Sheet→ | <p>original(s) (one or more to include all the children in the petition),</p> |
| <ul style="list-style-type: none"> ● Order(s) of Filiation, if applicable→ | <p>2 copies of each (a copy attached to each petition),</p> |
| <ul style="list-style-type: none"> ● Acknowledgment(s) of Paternity/Parentage (LDSS-4418 or LDSS-5171), if applicable→ | <p>2 copies of each (a copy attached to each petition).</p> |

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In the Matter of a Support Proceeding

PETITION for Support

Petitioner Print your name here _____

-AGAINST-

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

File # _____ leave blank _____ Docket # _____ leave blank _____ <p style="text-align: center;"><i>(Court use only)</i></p>
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The following refers to the numbered sections of the petition:

- 1a. Petitioner - Information:** You are the petitioner (custodian of the child(ren)). 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).**
- If you are the parent of the child(ren) and you are married to the other party, check the first box. Fill in the place and date of the marriage. If you are divorced from the other party, this may not be the appropriate petition.
- If you are the parent of the child(ren) and are not married to the other party, check the second box.
- If you are not the parent of the child(ren), check the third box. Fill in what authority you have over the child(ren) you are requesting child support for.

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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. Print the name of the father of the child(ren), even if he is named in section 1.** Check one box to answer if the father is deceased. Print the name of each child in a separate box. If there are more than 3 children, use an additional sheet of paper. Check at least one applicable box below each child's name. Fill in the corresponding information in the spaces provided. An Order of Filiation refers to an order signed by a judge or support magistrate or referee of a NYS Family Court.

An Acknowledgment of Paternity/Parentage refers to form LDSS-4418 or LDSS-5171 from the Department of Health and is sometimes signed in the hospital at the time of the child's birth.

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- 5. Check one box.** If yes, go to section 6. If no, print the mother's name. Check one box to answer if the mother is deceased. If no, print the mother's address. If the mother'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; print the mother'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.

6. Print the name and address of all the respondent's employers and income payors¹. If there are more than 2, use an additional sheet of paper.
7. Check one box. If yes, 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, attach the Order(s) of Filiation or Acknowledgment(s) of Paternity/Parentage. Make 1 copy of the complete set. Attach the original NCFC Information Sheets 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.

¹Income 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.

5. Is the mother either the petitioner or the respondent on this petition? Yes No

If no, complete this section:

Mother's Name: _____

Is the mother deceased? Yes No

*If no, Mother's 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 mother's address on the NCFC Information Sheet only.**

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

Name: _____

Address: _____

Name: _____

Address: _____
_____.

7. Does this petition include a request for child support? 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 an application for child support enforcement services with SCU. I request that the order of support be payable directly to me without involvement from SCU or OCSE.

8. 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 the above- named child(ren), 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.

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 , 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 .

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		

Social Security #: - - Height: ft. in. Weight: lbs Eye Color: Hair Color:

Distinguishing Marks: Driver's License ID #: State:

Are you employed? No 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 , 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		

Social Security #: - - Height: ft. in. Weight: lbs Eye Color: Hair Color:

Distinguishing Marks: Driver's License ID #: State:

Is respondent employed? No 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 # _____
<i>(Court use only)</i>

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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