

**NOTE: This form must be filed with  
all child support and paternity petitions.**

**FORM 4-5/5-1-d**  
8/2010

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF .....

In the Matter of a Proceeding for Support  
Under Article 4 5 of the Family Court Act

Docket No.  
**PERSONAL  
INFORMATION FORM**  
 Child Support  
 Paternity

Petitioner,

-against-

Respondent.  
.....

**NOTICE: You must include your full social security number and those of your children on this form. Social security numbers are confidential and will be disclosed only as required by law. If disclosure of your address and telephone number would pose an unreasonable health or safety risk to you or your children, you may request address confidentiality by filling out General Form GF-21 (Address Confidentiality Affidavit), which is available on-line at [www.nycourts.gov](http://www.nycourts.gov).**

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NAME OF PETITIONER OR ASSIGNOR:<sup>1</sup> \_\_\_\_\_

ADDRESS (required): \_\_\_\_\_

Should your address be kept confidential from the other party: Yes  No

TELEPHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

Should your phone number be kept confidential from the other party: Yes  No

SOCIAL SECURITY NUMBER (required): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ (M or F)

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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RESPONDENT'S NAME: \_\_\_\_\_

ADDRESS (required): \_\_\_\_\_

TELEPHONE NUMBER: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ (M or F)

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Children(s) Names	Date of Birth	Social Security Number	(M or F)

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<sup>1</sup> In IV-D cases where rights have been assigned, give information as to assignor.


List any other names you or the other party may have been previously known by (i.e., maiden name, previous marriage name, etc.)

PETITIONER: \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

**ARE YOU SCHEDULED IN ANY OTHER COURT OR CASE WITH THE PERSON YOU ARE FILING AGAINST?**     **YES** – Court: \_\_\_\_\_ County: \_\_\_\_\_

**Docket or index number:** \_\_\_\_\_

**Date of next appearance:** \_\_\_\_\_

**NO**

Dated:

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature of Attorney, if any

\_\_\_\_\_  
Attorney's Name (Print or Type)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Address & Telephone Number

**An attorney affiliated with the Volunteer Lawyers Project of Onondaga Co., a pro bono legal services provider, has assisted in the preparation of this document. Neither this agency nor the Volunteer attorney is entering an appearance on behalf of this party.**

F.C.A. §§ 516-a, 532, S.S.L. §111-k , P.H.L. §4135-b  
[NOTE: Personal Information Form 4-5/5-1-d,  
containing social security numbers of parties  
must be filed with this Petition]

Form 5-15  
(Paternity–Petition to Vacate  
Acknowledgment of Paternity)  
6/2012

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

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In the Matter of a Paternity Proceeding

Petitioner,

Docket No.

-against-

PETITION TO VACATE  
ACKNOWLEDGMENT  
OF PATERNITY

Respondent.

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NOTICE: PURSUANT TO THE PROVISIONS OF SECTIONS 516-A AND 532 OF THE  
FAMILY COURT ACT, UPON THE FILING OF A TIMELY PETITION TO VACATE  
THE ACKNOWLEDGMENT OF PATERNITY, THE COURT MAY BE REQUIRED TO  
ORDER GENETIC TESTING, INCLUDING DNA TESTING, FOR THE DETERMINATION  
OF THE CHILD'S PATERNITY AND TO MAKE A FINDING OF PATERNITY AND  
SUPPORT, IF APPROPRIATE.

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges that:

1. a. I reside at [specify]:<sup>1</sup>

b. Respondent resides at [specify]:<sup>2</sup>

2. Respondent and I executed an Acknowledgment of Paternity concerning  
\_\_\_\_\_ a child born out of wedlock on \_\_\_\_\_ (date) to  
\_\_\_\_\_. A copy of the Acknowledgment of Paternity is attached.

[NOTE: Petitioner MUST black out or redact social security numbers from the Acknowledgment].

3. [Check applicable box(es)];

a.  It has been less than 60 days since the signing of the Acknowledgment of Paternity;

b.  It has been less than 60 days since the commencement of an administrative or a judicial

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<sup>1</sup> Unless ordered confidential, pursuant to Family Court Act §154-b, because disclosure would pose an unreasonable risk to the health or safety of the Petitioner. *See* Forms GF-21 and 21a, available at [www.nycourts.gov](http://www.nycourts.gov).

<sup>2</sup> Unless ordered confidential, pursuant to Family Court Act §154-b, because disclosure would pose an unreasonable risk to the health or safety of the Respondent. *See* Forms GF-21 and 21a, available at [www.nycourts.gov](http://www.nycourts.gov).

proceeding, including a proceeding to establish a support order relating to the child, in which either person who signed the Acknowledgment of Paternity is a party.

c.  Sixty days have elapsed since the signing of the Acknowledgment of Paternity. The following fraud, duress or material mistake of fact has occurred [specify]:

4. The Acknowledgment of Paternity should be vacated (rescinded) because: [specify reasons]:

5. [Check box if applicable; if not, SKIP to ¶6]:  My legal obligation for child support arising from the Acknowledgment of Paternity should be suspended for good cause during the challenge to the Acknowledgment of paternity because [specify]:

6. The subject child  is  is not a Native American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963).

7. [Check applicable box]:

- I have applied for child support services with the local Department of Social Services.
- I am now applying for child support enforcement services by the filing of this petition.
- I do not wish to make application for child support services.
- I am not eligible for child support enforcement services.

8. Respondent  had  did not have a prior order of support for the above-named child that was payable through the Support Collection Unit.

9. No individual has been adjudicated father of this child, either in this court, or any other court, including a Native American court; and no individual has signed an Acknowledgment of Paternity admitting paternity for this child apart from the Acknowledgment of Paternity sought to be vacated by this Petition  except [specify, if applicable]:

10. No previous application has been made to any Court or judge for the relief requested in this Petition  except [specify, if applicable]:

WHEREFORE, I request that this Court issue an order vacating the Acknowledgment of Paternity and an order determining that the alleged father is not the father of the above-named child and such other and further relief as may be appropriate under the circumstances.

**NOTICE:** (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 SHALL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER

