

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....  
In the Matter of the Commitment of  
Guardianship and Custody pursuant to  
§ 384-b of the Social Services Law of

Docket No.

PETITION  
TERMINATION OF  
PARENTAL RIGHTS --

CIN #  
A Child under the Age of Eighteen Years,  
alleged to be the Child of Mentally Ill  
or Mentally Retarded Parents

MENTAL ILLNESS  
 MENTAL RETARDATION

.....  
**IF THIS PETITION IS GRANTED, YOU MAY LOSE YOUR RIGHTS TO YOUR CHILD  
AND YOUR CHILD MAY BE ADOPTED WITHOUT YOUR CONSENT AND WITHOUT  
NOTICE TO YOU.**

**IF YOU ARE THE PARENT, FOSTER PARENT OR CUSTODIAN OF THE CHILD, YOU  
HAVE A RIGHT TO HAVE A LAWYER REPRESENT YOU. IF YOU CANNOT AFFORD A  
LAWYER, YOU MAY ASK THE COURT TO APPOINT A LAWYER TO REPRESENT YOU  
WITHOUT FEE.**

TO THE FAMILY COURT:

The undersigned Petitioner(s) respectfully allege(s) that:

1. Petitioner(s) \_\_\_\_\_, (is) (are)

an authorized agency having its office and place of business at [specify, including county]:

foster parent(s) residing at [specify, including county]:

law guardian  guardian ad litem filing at the Court’s direction, pursuant to Social Services  
Law §384-b(3)(b).

2 a. \_\_\_\_\_ is a male female child under the age of  
eighteen years, born on [specify]: \_\_\_\_\_,  
resides at [specify, including county]: \_\_\_\_\_, who now

b. The subject child  is  is not a Native-American child, who is subject to the Indian Child  
Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check  
applicable box(es)]:

parent/custodian [specify name and give notification date]:

tribe/nation [specify name and give notification date]:

United States Secretary of the Interior [give notification date]:

3. The full name and last-known address of each parent and custodian of the child are:

Name Last-Known Address

4. a. The name and last-known address of each other interested party who should be afforded notice of this proceeding are:

Name Last-Known Address

b. The name and last-known address of each other person entitled to notice of an adoption pursuant to Domestic Relations Law § 111-a are:

Name Last-Known Address

c. There are no persons other than those set forth entitled to notice of this proceeding or of an adoption of the child.

5. The child was removed from his or her home on [specify]:  
and came into the care of an authorized agency on [specify]: \_\_\_\_\_, under the following  
circumstances: [include court, county, docket number and date(s) of prior proceedings]:

The child has been in the care of an authorized agency for [check applicable box]:  a continuous one  
year period immediately prior to the initiation of this proceeding  15 of the most recent 22 months.

6. (Upon information and belief) the \_\_\_\_\_ of the child(ren) (is) (are)  
 mentally ill  mentally retarded as defined in Section 384-b of the Social Services Law in that  
[specify]:

7. By reason of the parent's  mental illness  mental retardation, the child would be in danger of  
becoming a neglected child as defined in the Family Court Act, if the child were placed in or returned  
to the custody of [specify]: \_\_\_\_\_ in that [specify basis for statement]:

8. The best interests of the child will be promoted by commitment of the guardianship and custody  
of the child to \_\_\_\_\_,  an authorized agency  foster parent(s), for the  
following reasons: [If appropriate, include facts regarding a non-respondent parent.]

9. The child  is  is not under the jurisdiction of the Family Court. If so, this petition [check  
box]:  has  has not been filed in the Court that exercised jurisdiction over the most recent  
permanency or other proceeding involving this child. [If it has not been so filed, petitioner must file  
affirmation, Form TPR-12].

10. No previous application has been made to any court or judge for the relief sought herein (except

).

WHEREFORE, Petitioner(s) request(s) an order determining that the above-named child is a child whose parent(s) (is)(are) presently and for the foreseeable future unable by reason of mental illness mental retardation, as defined by section 384-b of the Social Services Law, to provide proper and adequate care, and committing the guardianship and custody to an authorized agency foster parent(s)), and for such other and further relief as in the interests of the child may be granted.

Dated: .

Dated: .

Agency by:  Foster parent:

Name \_\_\_\_\_

Title \_\_\_\_\_

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

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

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

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

**VERIFICATION (Agency)**

STATE OF NEW YORK )

ss.:

COUNTY OF )

being duly sworn,

deposes and says:

That (he) (she) is a duly constituted official of the above-named authorized agency, to wit, its

That (he) (she) has read the foregoing Petition and knows the contents thereof; that the same is true to (his) (her) own knowledge except as to matters therein stated to be alleged on information and belief and that as to those matters (he) (she) believes it to be true.

\_\_\_\_\_  
Agency Official

Sworn to before me this  
day of , .

\_\_\_\_\_  
(Deputy) Clerk of the Court  
Notary Public

