

F.C.A. § § 467, 549, 651, 652  
D.R.L. § § 75-I, 240

General Form 17  
Custody/Visitation  
10/2012  
NCFC 3/2015

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

.....  
In the Matter of a Proceeding for Custody/Visitation  
Under Article 6 of the Family Court Act or Section 240 of  
the Domestic Relations Law

PETITION for  
 Custody /  Visitation

Petitioner (1) \_\_\_\_\_  
                                    First                    M.I.                    Last

Petitioner (2) \_\_\_\_\_  
                                    First                    M.I.                    Last

-AGAINST-

Respondent (1) \_\_\_\_\_  
                                    First                    M.I.                    Last

Respondent (2) \_\_\_\_\_  
                                    First                    M.I.                    Last

Respondent (3) \_\_\_\_\_  
.....

FILE # _____
DOCKET #(s) _____
_____
<i>(Court use only)</i>

TO THE FAMILY COURT:

The undersigned petitioner respectfully alleges upon information and belief that:

1. I(We) am(are) submitting this petition in order to be granted custody/visitation of the following child(ren):

Name of Child (1): \_\_\_\_\_

Date of Birth:        /        /                      Sex:  Male         Female

\*Address: \_\_\_\_\_  
                                    \_\_\_\_\_

Name of person(s) with whom child resides: \_\_\_\_\_

Name of Child (2), if applicable:

Date of Birth:        /        /                      Sex:  Male         Female

\*Address: \_\_\_\_\_  
                                    \_\_\_\_\_

Name of person(s) with whom child resides: \_\_\_\_\_

Name of Child (3), if applicable: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

\*Address: \_\_\_\_\_  
\_\_\_\_\_

Name of person(s) with whom child resides: \_\_\_\_\_

If there are 4 or more children, provide the same information on an additional sheet of paper.

**\* If address is not known to the respondent(s) and you are requesting that the address be kept confidential from the respondent(s), print the word CONFIDENTIAL above and print the child's(ren's) name(s), address(es) and the word CONFIDENTIAL on an additional sheet of paper and attach it to the NCFC Information Sheet only.**

**2a. Petitioner (1) - Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Relationship to the child(ren): \_\_\_\_\_  
\_\_\_\_\_

**2b. Petitioner (2) - Information, if applicable:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*Address \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Relationship to the child(ren): \_\_\_\_\_  
\_\_\_\_\_

If the relationship is not the same for all children, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

**\*\*\*If the petitioner is the foster parent or other relationship so state.**

**3a. Respondent (1) - Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Relationship to the child(ren): \_\_\_\_\_  
\_\_\_\_\_

**3b. Respondent (2) - Information, If applicable:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*Relationship to the child(ren): \_\_\_\_\_  
\_\_\_\_\_

If the relationship is not the same for all children, please explain: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*If the respondent is the foster parent or other relationship so state.**

**3c.** Respondent (3) - Information:

Is (Are) the child(ren) in the care of the Department of Social Services, 60 Charles Lindbergh Boulevard, Uniondale, NY 11553?  Yes  No

**4a.** The name of the father of the above named child(ren) is \_\_\_\_\_.

Is the father deceased?  Yes  No  Unknown

**4b.** The name of the mother of the above named child(ren) is \_\_\_\_\_.

Is the mother deceased?  Yes  No  Unknown

**5.** Answer the following for each child in section 1 of this petition [print the child's name and check  the applicable box(es) and fill in the corresponding information in the spaces provided]:

Name of Child (1): \_\_\_\_\_

The father was married to the child's mother at the time of the conception or birth of child.

An Order of Filiation was made. A copy must be attached if petitioner is a parent.

Name of Court: \_\_\_\_\_ Date of Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

An Acknowledgment of Paternity was signed. A copy must be attached if petitioner is a parent. Date of Acknowledgment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The father has not been legally established for the child.

Name of Child (2): \_\_\_\_\_

The father was married to the child's mother at the time of the conception or birth of child.

An Order of Filiation was made. A copy must be attached if petitioner is a parent.

Name of Court: \_\_\_\_\_ Date of Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

An Acknowledgment of Paternity was signed. A copy must be attached if petitioner is a parent. Date of Acknowledgment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The father has not been legally established for the child.

Name of Child (3): \_\_\_\_\_

The father was married to the child's mother at the time of the conception or birth of child.

An Order of Filiation was made. A copy must be attached if petitioner is a parent.

Name of Court: \_\_\_\_\_ Date of Order: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

An Acknowledgment of Paternity was signed. A copy must be attached if petitioner is a parent. Date of Acknowledgment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The father has not been legally established for the child.

If there are 4 or more children, provide the same information on an additional sheet of paper.

6. Has(Have) the child(ren) resided at any other address or with any other person(s) during the last two years?  Yes  No

If yes, complete and attach the **6a. Child's(ren's) Address History Sheet Attachment.**

7. Is/Are either the petitioner parent(s) or respondent parent(s) activated, deployed or temporarily assigned to military service?  Yes  No

Has/Have either the petitioner parent(s) or respondent parent(s) returned from active military service, deployment or temporary assignment?  Yes  No

If yes to either question, complete and attach the **7a. Military Service Attachment.**

8. Has/Have the petitioner(s) participated in any other litigation concerning the custody/visitation of the same child(ren)?  Yes  No

If yes, check  the applicable box(es) and complete the following for one litigation:

in New York State  in a Native - American tribunal  other

Name of Petitioner: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Address of Court: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Status of Case: \_\_\_\_\_

In what capacity?  as a party  as a witness  other [specify]: \_\_\_\_\_

Next Court Date, if any: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If more than one litigation, provide the same information on an additional sheet of paper.

9. Is a custody/visitation proceeding concerning the same child(ren) pending in New York State, except as stated in section 8 of this petition?  Yes  No

If yes, complete the following:

Name of Court: \_\_\_\_\_

Docket #: \_\_\_\_\_

Status of Case: \_\_\_\_\_

10. Has the custody/visitation of the child(ren) been agreed upon in a custody, separation, or guardianship agreement?  Yes. A copy must be attached if the petitioner is a parent or a party to the agreement.  No

If yes, complete the following: Type of Agreement: \_\_\_\_\_

Date of Agreement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. The  petitioner  respondent obtained physical custody of the child(ren) on: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Specify Details: \_\_\_\_\_

12. It would be in the best interest of the child(ren) to have  custody /  visitation awarded to the petitioner for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Has an Order of Protection or Temporary Order of Protection been issued in a Criminal, Matrimonial or Family Court matter for or against the petitioner(s) or respondent(s)?  
 Yes  No

If yes, complete the following:

Name of Parties: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of Court: \_\_\_\_\_  
 Docket #: \_\_\_\_\_  
 Date of Order: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Next Court Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Status of Case: \_\_\_\_\_  
 Expiration Date of Order: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

If more than one order was issued, provide the same information on an additional sheet of paper.

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

15. No previous application has been made in any court, including a Native-American tribunal or to any judge for the relief herein requested, except as stated previously in this petition.

16. Has there been a child protective (neglect or abuse) petition, destitute child petition, or a permanency hearing report filed regarding the child(ren) and is it currently open?  
 Yes  No

Is it true that the petitioner(s) is(are) not the parent(s) of the child(ren) in this petition?

Yes  No

Is this a petition for custody (not a petition for visitation only)?  Yes  No

If yes to all three questions above, complete and attach the **16a. Child Protective Attachment**.

WHEREFORE, the petitioner(s) request(s) an order awarding custody/visitation of the child(ren) to the petitioner(s) and for such other and further relief as the court may determine.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Petitioner (1) [sign name]

\_\_\_\_\_  
Petitioner (1) [print name]

\_\_\_\_\_  
Petitioner (2) [sign name]

\_\_\_\_\_  
Petitioner (2) [print name]

.....  
VERIFICATION

STATE OF )

COUNTY OF ) :ss.:

being duly sworn, says that (s)he is the petitioner in the above-named proceeding and that the foregoing petition and attachments, if applicable, are true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

\_\_\_\_\_  
Petitioner (1) [sign name before a notary]

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

.....  
VERIFICATION

STATE OF )

COUNTY OF ) :ss.:

being duly sworn, says that (s)he is the petitioner in the above-named proceeding and that the foregoing petition and attachments, if applicable, are true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

\_\_\_\_\_  
Petitioner (2) [sign name before a notary]

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**6a. Child(ren)'s Address History Sheet Attachment**

If the information is the same for more than one child, list the information in one box with each child's name. If the information is only accurate for one child, list the information in a separate box. If there are more than 4 addresses or individual circumstances, use an additional sheet of paper. For each child, you must include addresses going back two years prior to the start of when the child began living at the current address or prior to the start of when the child began living with the current person(s), whichever is longer.

FILE # _____
DOCKET # (s) _____
(Court use only)

Name(s) of Child(ren): _____ *Address of Child(ren): _____ Name of Person(s) With Whom the Child(ren) Resided: _____ Current Address of Person(s) With Whom the Child(ren) Resided: _____	_____ Duration (from - to): ____ / ____ / ____ - ____ / ____ / ____ _____ _____ _____
Name(s) of Child(ren): _____ *Address of Child(ren): _____ Name of Person(s) With Whom the Child(ren) Resided: _____ Current Address of Person(s) With Whom the Child(ren) Resided: _____	_____ Duration (from - to): ____ / ____ / ____ - ____ / ____ / ____ _____ _____ _____
Name(s) of Child(ren): _____ *Address of Child(ren): _____ Name of Person(s) With Whom the Child(ren) Resided: _____ Current Address of Person(s) With Whom the Child(ren) Resided: _____	_____ Duration (from - to): ____ / ____ / ____ - ____ / ____ / ____ _____ _____ _____
Name(s) of Child(ren): _____ *Address of Child(ren): _____ Name of Person(s) With Whom the Child(ren) Resided: _____ Current Address of Person(s) With Whom the Child(ren) Resided: _____	_____ Duration (from - to): ____ / ____ / ____ - ____ / ____ / ____ _____ _____ _____

**\* If address is not known to the respondent(s) and you are requesting that the address be kept confidential from the respondent(s), print the word CONFIDENTIAL on the address line. On an additional sheet of paper, print the child(ren)'s name(s), address(es), and the word CONFIDENTIAL; label each address with the corresponding dates the child(ren) lived there; and attach it to the NCFC Information Sheet only.**

**7a. Military Service Attachment**

FILE # _____
DOCKET # (s) _____
(Court use only)

1. Is a petitioner parent activated, deployed or temporarily assigned to military service?

- Yes       No       Not applicable, petitioner(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Petitioner Parent: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Military Branch or National Guard: \_\_\_\_\_

Anticipated Dates of Duty: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Duty: \_\_\_\_\_

Specify how military duty is likely to affect custody/visitation, if at all:

---

2. Has a petitioner parent returned from active military service, deployment or temporary assignment?

- Yes       No       Not applicable, petitioner(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Petitioner Parent: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Military Branch or National Guard: \_\_\_\_\_

Return Date from Duty: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Duty: \_\_\_\_\_

Specify how military duty is likely to affect custody/visitation, if at all:

---

**If there is a 2<sup>nd</sup> petitioner parent who is activated, deployed or temporarily assigned to military service or who has returned from active military service, deployment or temporary assignment, provide the same information on an additional sheet of paper.**

**7a. Military Service Attachment**

3. Is a respondent parent activated, deployed or temporarily assigned to military service?

Yes       No       Not applicable, respondent(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Respondent Parent: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Military Branch or National Guard: \_\_\_\_\_

Anticipated Dates of Duty: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Duty: \_\_\_\_\_

Specify how military duty is likely to affect custody/visitation, if at all:

---

4. Has a respondent parent returned from active military service, deployment or temporary assignment?

Yes       No       Not applicable, respondent(s) is(are) not the parent(s).

If yes, fill in the following information:

Name of Respondent Parent: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Military Branch or National Guard: \_\_\_\_\_

Return Date from Duty: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location of Duty: \_\_\_\_\_

Specify how military duty is likely to affect custody/visitation, if at all:

---

**If there is a 2<sup>nd</sup> respondent parent who is activated, deployed or temporarily assigned to military service or who has returned from active military service, deployment or temporary assignment, provide the same information on an additional sheet of paper.**

**16a. Child Protective Attachment (To be used for a Petition for Custody only):**

These pages are applicable to cases in which a child protective (neglect or abuse) petition, destitute child petition, or a permanency hearing report has been filed regarding the child(ren), the petition or report is currently open, and you are not a parent of the child(ren).

FILE # _____
DOCKET # (s) _____
(Court use only)

**1. Check  one box.**

A child protective petition was filed in:  
 [specify name of court]: \_\_\_\_\_ on [specify date petition was filed]: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , Docket #: \_\_\_\_\_ , alleging that [specify name of respondent(s) on that petition]: \_\_\_\_\_ ,  
 \_\_\_\_\_ neglected or abused the child(ren) who is(are) the subject(s) of this custody petition.

A destitute child petition was filed in [specify name of court]: \_\_\_\_\_ on [specify date petition was filed]: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , Docket #: \_\_\_\_\_ , alleging that the child(ren) who is(are) the subject(s) of this custody petition is(are) (a) destitute child(ren).

**2. Check  , if applicable:**

The petition above resulted in a finding being made.

Check  one box:

The disposition was as follows:

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

The disposition has been adjourned pending a consolidated hearing with this petition, pursuant to F.C.A. § 1055-b for a neglect or abuse petition or F.C.A. § 1095 for a destitute child petition. The next court date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

**3. Check  , if applicable:**

A permanency report pursuant to Article 10-A of the F.C.A. was filed in the Family Court indicating a permanency plan of custody of the child(ren) with the petitioner.

Name of the County: \_\_\_\_\_

Docket #: \_\_\_\_\_

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**16a. Child Protective Attachment (To be used for a Petition for Custody only):**

The permanency hearing was adjourned pending a consolidated hearing with this petition, pursuant to F.C.A. § 1089-a.

**4.** Has(Have) the child's(ren's) birth mother consented to the award of custody to the petitioner?

Yes       No

If no, the following extraordinary circumstances support your standing to seek custody of the child(ren): \_\_\_\_\_  
\_\_\_\_\_

**5.** Has(Have) the child's(ren's) legally established birth father consented to the award of custody to the petitioner?

Yes       No

If no, the following extraordinary circumstances support your standing to seek custody of the child(ren): \_\_\_\_\_  
\_\_\_\_\_

**6.** Has(Have) the child(ren) been living with (a) foster parent(s)?

Yes       No

If yes, fill in the following information:

Name of Foster Parent(s): \_\_\_\_\_

Duration (from - to): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has(Have) the foster parent(s) consented to the award of custody to the petitioner?

Yes       No       Unknown

**7.** Has the Nassau County Department of Social Services in the related child abuse or neglect permanency proceeding consented to the award of custody to the petitioner?

Yes       No       Unknown

**8.** Has the attorney for the child(ren) in the related child abuse or neglect permanency proceeding recommended the award of custody to the petitioner?

Yes       No       Unknown