

**KINGS COUNTY SURROGATE’S COURT**  
**CITATION RESPONSE FORM**

**ONLY FOR USE BY A SELF-REPRESENTED PERSON WHO HAS  
BEEN CITED AND IS CONSIDERING OPPOSING THE RELIEF REQUESTED**

**PLEASE complete this form in its entirety and either**

- (1) send it to petitioner’s attorney (at the address or email provided on the citation) and also send a copy to the Court to:**

Zaineb Hamdan, Esq.  
Assistant Law Clerk  
Kings County Surrogate’s Court  
2 Johnson Street, Room 302  
Brooklyn, NY 11201  
Attn: Citation Response Form

- OR -

- (2) send an email, with either all the information requested below in this form OR with this completed form attached, to both the Court at [KingSurrLopezTorres@NYCourts.gov](mailto:KingSurrLopezTorres@NYCourts.gov) AND to the petitioner’s attorney at the email address indicated in the Citation.**

**PLEASE PROVIDE ALL OF THE FOLLOWING REQUIRED INFORMATION:**

Estate Name: \_\_\_\_\_ (located on the citation)

File No.: \_\_\_\_\_ (located on the citation)

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

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

\_\_\_\_\_

\_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Phone Number\* \_\_\_\_\_

**\* DO NOT LEAVE BLANK, AS ALL COMMUNICATION WILL BE BY ELECTRONIC MEANS**