Soc. Serv. Law. 384‑b, 384‑c

(Petition‑Termination of

Parental Rights Parental

Mental Illness or Intellectual

Disability)

(6/2016)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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In the Matter of the Commitment of Docket No.

Guardianship and Custody pursuant to

384‑b of the Social Services Law of PETITION ‑ TERMINATION OF

PARENTAL RIGHTS –

­CIN # G MENTAL ILLNESS

A Child under the Age of Eighteen Years, G INTELLECTUAL DISABILITY

alleged to be the Child of Mentally Ill

or Intellectually Disabled Parents

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**IF THIS PETITION IS GRANTED, YOU MAY LOSE YOUR RIGHTS TO YOUR CHILD AND YOUR CHILD MAY BE ADOPTED WIT HOUT 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 a t [specify, including county]:

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

❑ childs attorney ❑ guardian ad litem filing at the Courts 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]:, at [specify}: , who now resides at [specify, including county]: .

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]:

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

Name Last‑Known Address

1. a. The name and last‑known address of any other interested party who should be afforded notice of this proceeding are:

Name Last‑Known Address

b. The name and last‑known address of any 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 entitle d to notice of this proceeding or of an adoption of the child.

1. 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 ❑ intellectually disabled, as defined in Section 384‑b of the Social Services Law in that [specify]:

7. By reason of the parents ❑mental illness ❑ intellectual disability, 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 an on‑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].

1. 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 ❑ intellectual disability, 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:

❑ Agency by: ❑ Foster parent: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



Print or type name

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

Signature of Attorney, if any



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

Attorneys Name (Print or Type)







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

Attorneys 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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

(Deputy) Clerk of the Court

Notary Public

**VERIFICATION (Individual)**

STATE OF NEW YORK )

) ss.:

COUNTY OF )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , being duly sworn, says that (s)he is the Petitioner in the above‑entitled proceeding and that the foregoing petition is true to (his) (her) own knowledge, except as to matters herein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.



Sworn to before me this

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

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

(Deputy) Clerk of the Court

Notary Public