

***NEW YORK STATE
UNIFIED COURT SYSTEM***



***UNIFORM
UNCONTESTED DIVORCE PACKET***

FORMS

Revised - 1/2013

NOTICE OF ENTRY OF AUTOMATIC ORDERS (D.R.L. 236) Rev. 1/13
FAILURE TO COMPLY WITH THESE ORDERS MAY BE DEEMED
A CONTEMPT OF COURT

PURSUANT TO the Uniform Rules of the Trial Courts, and DOMESTIC RELATIONS LAW § 236, Part B, Section 2, both you and your spouse (the parties) are bound by the following **AUTOMATIC ORDERS**, which have been entered against you and your spouse in your divorce action pursuant to 22 NYCRR §202.16(a), and which shall remain in full force and effect during the pendency of the action unless terminated, modified or amended by further order of the court or upon written agreement between the parties:

(1) ORDERED: Neither party shall transfer, encumber, assign, remove, withdraw or in any way dispose of, without the consent of the other party in writing, or by order of the court, any property (including, but not limited to, real estate, personal property, cash accounts, stocks, mutual funds, bank accounts, cars and boats) individually or jointly held by the parties, except in the usual course of business, for customary and usual household expenses or for reasonable attorney's fees in connection with this action.

(2) ORDERED: Neither party shall transfer, encumber, assign, remove, withdraw or in any way dispose of any tax deferred funds, stocks or other assets held in any individual retirement accounts, 401K accounts, profit sharing plans, Keogh accounts, or any other pension or retirement account, and the parties shall further refrain from applying for or requesting the payment of retirement benefits or annuity payments of any kind, without the consent of the other party in writing, or upon further order of the court ; except that any party who is already in pay status may continue to receive such payments thereunder.

(3) ORDERED: Neither party shall incur unreasonable debts hereafter, including, but not limited to further borrowing against any credit line secured by the family residence, further encumbering any assets, or unreasonably using credit cards or cash advances against credit cards, except in the usual course of business or for customary or usual household expenses, or for reasonable attorney's fees in connection with this action.

(4) ORDERED: Neither party shall cause the other party or the children of the marriage to be removed from any existing medical, hospital and dental insurance coverage, and each, and each party shall maintain the existing medical, hospital and dental insurance coverage in full force and effect.

(5) ORDERED: Neither party shall change the beneficiaries of any existing life insurance policies and each party shall maintain the existing life insurance, automobile insurance, homeowners and renters insurance policies in full force and effect.

IMPORTANT NOTE: After service of the Summons with Notice or Summons and Complaint for divorce, if you or your spouse wishes to modify or dissolve the automatic orders, you must ask the court for approval to do so, or enter into a written modification agreement with your spouse duly signed and acknowledged before a notary public.

**NOTICE CONCERNING CONTINUATION OF
HEALTH CARE COVERAGE**
(Required by section 255(1) of the Domestic Relations Law)

PLEASE TAKE NOTICE that once a judgment of divorce is signed in this action, both you and your spouse may or may not continue to be eligible for coverage under each other's health insurance plan, depending on the terms of the plan.

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SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

Index No.: _____
Date Summons filed: _____
Plaintiff designates _____
County as the place of trial
The basis of venue is:

Plaintiff,
-against-

SUMMONS WITH NOTICE
Plaintiff/Defendant resides at:

Defendant.

-----X

ACTION FOR A DIVORCE

To the above named Defendant:

YOU ARE HEREBY SUMMONED to serve a notice of appearance on the Plaintiff
OR Plaintiff's Attorney(s) within twenty (20) days after the service of this summons, exclusive
of the day of service (or within thirty (30) days after the service is complete if this summons is not
personally delivered to you within the State of New York); and in case of your failure to appear,
judgment will be taken against you by default for the relief demanded in the notice set forth below.

10, 11 Dated _____

Plaintiff
 Attorney(s) for Plaintiff
Phone No.:
Address:

13 **NOTICE:** The nature of this action is to dissolve the marriage between the parties, on the
grounds: **DRL §170 subd. _____ - _____

The relief sought is a judgment of absolute divorce in favor of the Plaintiff dissolving the marriage
between the parties in this action.

14 The nature of any ancillary or additional relief requested (see p.14 of Instructions) is:

- Additional page describing ancillary relief requested is attached;
 - Marital property to be distributed pursuant to separation agreement/stipulation;
 - I waive distribution of Marital property;
 - NONE** - I am not requesting any ancillary relief;
- AND** any other relief the court deems fit and proper

**Read pp. 3-5 of Instructions and insert the grounds for the divorce:
DRL §170(1) - cruel and inhuman treatment DRL §170(4) - adultery
DRL §170(2) - abandonment DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(3) - confinement in prison DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

Plaintiff,

-against-

Defendant.

-----X

Index No.: _____

Date Summons filed: _____

Plaintiff designates _____

County as the place of trial

The basis of venue is:

SUMMONS

Plaintiff/Defendant resides at:

ACTION FOR A DIVORCE

To the above named Defendant:

YOU ARE HEREBY SUMMONED to answer the complaint in this action and to serve a copy of your answer on the Plaintiff OR Plaintiff's Attorney(s) within twenty (20) days after the service of this summons, exclusive of the day of service, where service is made by delivery upon you personally within the state, or within thirty (30) days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated _____

- Plaintiff
 - Attorney(s) for Plaintiff
- Address:

Phone No.:

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

1

-----X

2 3

Plaintiff,

-against-

Index No.:

VERIFIED COMPLAINT

ACTION FOR DIVORCE

4

Defendant.

-----X

5

FIRST:

Plaintiff *herein* / by _____, complaining of the Defendant, alleges that the parties are over the age of 18 years and;

6

SECOND:

A) The *Plaintiff* *Defendant* has resided in New York State for a continuous period of at least two years immediately preceding the commencement of this divorce action.

=====OR=====

B) The *Plaintiff* *Defendant* resided in New York State on the date of commencement of this divorce action and for a continuous period of one year immediately preceding the commencement of this divorce action

AND:

a. the parties were married in New York State.

or

b. the parties have resided as married people in New York State.

=====OR=====

C) The cause of action occurred in New York State and *Plaintiff* *Defendant* resided in New York State for a continuous period of at least one year immediately preceding the commencement of this divorce action.

=====OR=====

D) The cause of action occurred in New York State and both parties were residents at the time of commencement of this divorce action.

7

THIRD: The Plaintiff and the Defendant were married on _____
in (city, town or village; and state or country) _____.

8 The marriage was *not* performed by a clergyman, minister or by a leader of the Society for Ethical Culture.

(If the word "not" is deleted above check the appropriate box below).

- To the best of my knowledge I have taken all steps solely within my power to remove any barrier to the Defendant's remarriage.* **OR**
- I will take prior to the entry of final judgment all steps solely within my power to the best of my knowledge to remove any barrier to the Defendant's remarriage.* **OR**
- The Defendant has waived in writing the requirements of DRL §253 (Barriers to Remarriage).*

9 **FOURTH:** There are no children of the marriage (see definition on p.7 of Instructions) **OR**

There *is (are)* _____ child(ren) of the marriage (see definitions on p.7 of Instructions), namely:

| <u>Name</u> | <u>Date of Birth</u> | <u>Address</u> |
|-------------|----------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10 The Plaintiff resides at _____.
The Defendant resides at _____.

11 The parties are covered by the following group health plans:

| <u>Plaintiff</u> | <u>Defendant</u> |
|------------------------------|------------------------------|
| Group Health Plan: _____ | Group Health Plan: _____ |
| Address: _____ | Address: _____ |
| Identification Number: _____ | Identification Number: _____ |
| Plan Administrator: _____ | Plan Administrator: _____ |
| Type of Coverage: _____ | Type of Coverage: _____ |

12 **FIFTH:** The grounds for divorce that are alleged as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

- At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior.)

(Attach an additional sheet, if necessary).

Abandonment (DRL 170(2)):

- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.

- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____.

- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____. This deprivation of access was without the consent of the Plaintiff and continued for a period of greater than one year.

Imprisonment (DRL §170(3)):

- That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in _____ prison on the _____ day of _____, _____, and remained confined until the _____ day of _____, _____; **OR** remains confined to this date.

Name of correctional facility
Month *Year*
Month *Year*

Adultery (DRL §170(4)):

- That on the ___ day of _____, _____, at _____ the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.

Month *Year* *Location*

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separation(DRL §170(5)):

- (a) That the _____ Court, _____ County, _____ (Country or State) rendered a decree or judgment of separation on _____, under Index Number _____; and
- (b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and
- (c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

- (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and
- (b) that the *agreement / memorandum of said agreement* was filed on _____ in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and
- (c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and
- (d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

- That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months.

13 SIXTH: There is no judgment of divorce and no other matrimonial action between the parties pending in this court or in any other court of competent jurisdiction.

WHEREFORE, Plaintiff demands judgment against the Defendant as follows: A judgment dissolving the marriage between the parties

AND

14 The nature of any ancillary or additional relief requested (see p.16 of Instructions) is:

-
-
- Additional page describing ancillary relief requested is attached;
 - Marital property to be distributed pursuant to separation agreement/stipulation;
 - I waive distribution of Marital property;
 - NONE** - I am not requesting any ancillary relief;
- AND** any other relief the court deems fit and proper

15 Dated: _____

16 *Plaintiff*
 Attorney(s) for Plaintiff
Address: _____

17 STATE OF NEW YORK, COUNTY OF _____ ss:

I _____ (Print Name), am the Plaintiff in the within action for a divorce. I have read the foregoing complaint and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters I believe them to be true.

Subscribed and Sworn to
before me on

Plaintiff's Signature

NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK

1 COUNTY OF _____

-----X

2

3

Plaintiff,

Index No.:

-against-

AFFIDAVIT OF SERVICE

4

Defendant.

-----X

5

STATE OF _____ }

ss:

COUNTY OF _____ }

6

_____ being duly sworn, says:

7

1. I am not a party to the action, am over 18 years of age and reside at:

8

2. On _____, at ____ a.m./p.m. at _____ I served the *summons with notice* **OR** *summons and verified complaint*, and the notice of automatic orders, on _____, the Defendant named by delivering a true copy to the Defendant personally.

In addition I served a copy of the Child Support Standards Chart.

In addition I served a copy of the Notice of Continuation of Health Care Coverage

3. The notice required by the Domestic Relations Law, Section 232 -- "ACTION FOR A DIVORCE" -- was legibly printed on the face of the summons served on the Defendant.

9

4. I knew the person so served to be the person described in the summons as the Defendant. My knowledge of the Defendant and how I acquired it is as follows: (select one)

I have known the defendant for _____ years and _____

OR

I identified the Defendant by a photograph annexed to this affidavit and which was given to me by the Plaintiff.

OR

Plaintiff accompanied me and pointed out the Defendant.

OR

I asked the person served if he/she was the person named in the summons and Defendant admitted being the person so named.

5. Deponent describes the individual served as follows:

| <u>Sex</u> | <u>Height</u> | <u>Weight</u> | <u>Age</u> | <u>Color of Skin</u> | <u>Color of Hair</u> |
|---------------------------------|------------------------------------|---|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 Lbs. | <input type="checkbox"/> 14-17 Yrs. | Describe color: _____ _____ _____ | <input type="checkbox"/> Black |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0"-5'3" | <input type="checkbox"/> 100-130 Lbs. | <input type="checkbox"/> 18-20 Yrs. | | <input type="checkbox"/> Brown |
| | <input type="checkbox"/> 5'4"-5'8" | <input type="checkbox"/> 131-160 Lbs. | <input type="checkbox"/> 21-35 Yrs. | | <input type="checkbox"/> Blond |
| | <input type="checkbox"/> 5'9"-6'0" | <input type="checkbox"/> 161-200 Lbs. | <input type="checkbox"/> 36-50 Yrs. | | <input type="checkbox"/> Gray |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 Lbs. | <input type="checkbox"/> 51-65 Yrs. | | <input type="checkbox"/> Red |
| | | <input type="checkbox"/> Over 65 Yrs. | | <input type="checkbox"/> White | |
| | | | | | <input type="checkbox"/> Balding |
| | | | | | <input type="checkbox"/> Bald |

Other identifying features, if any: _____.

- 10** 6a. *At the time I served the Defendant, I asked him/her if he/she was in the military service of this state, any other state, or this nation, and the Defendant responded in the negative.*
- 6b. *The Defendant stated that he/she is in the following military service _____.*
- 6c. The Defendant refused to answer.

11

Server's Signature

Subscribed and Sworn to
before me on

NOTARY PUBLIC

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**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

-----X

Plaintiff,

Index No.: _____

-against-

**SWORN STATEMENT
OF REMOVAL OF
BARRIERS TO REMARRIAGE**

Defendant.

-----X

STATE OF _____ }

ss:

COUNTY OF _____ }

I _____ (Print Name), state under penalty of perjury that the parties' marriage was solemnized by a minister, clergyman or leader of the Society for Ethical Culture, and that;

To the best of my knowledge I have taken all steps solely within my power to remove all barriers to the Defendant's remarriage following the divorce.

OR

The Defendant has waived in writing the requirements of DRL §253.

Plaintiff's Signature

Subscribed and Sworn to
before me on

NOTARY PUBLIC

Affidavit of Service

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

1

_____ being sworn, says, I am not a party to the action, and am over 18 years of age. I reside at _____.

2

On _____, I served a true copy of the within Removal of Barriers Statement on the Defendant:

3

personally at _____

OR

by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, to the address designated by the Defendant at _____

4

Server's Signature

Subscribed and Sworn to
before me on

NOTARY PUBLIC

OR

Service of the within document is hereby acknowledged.

5

 Defendant's Signature **OR**
 Defendant's Attorney's Signature

1 SUPREME COURT OF THE STATE OF NEW YORK
2 COUNTY OF _____

-----X

3 Plaintiff,

Index No.: _____

-against-

AFFIDAVIT OF PLAINTIFF

4 Defendant.

-----X

5 STATE OF _____ }

ss:

COUNTY OF _____ }

6 _____ being duly sworn, says:

7 1. The Plaintiff's address is _____,
and social security number is _____. The Defendant's address is _____,
and social security number is _____.

8 2. A) The Plaintiff
 Defendant has resided in New York State for a continuous period of at least
two years immediately preceding the commencement of this divorce action.

-----OR-----

B) The Plaintiff
 Defendant resided in New York State on the date of commencement of this
divorce action and for a continuous period of one year immediately preceding the
commencement of this divorce action:

AND:

- a. the parties were married in New York State.
- or**
- b. the parties have resided as married persons in New York State.

-----OR-----

C) The cause of action occurred in New York State and Plaintiff
 Defendant resided in New
York State for a continuous period of at least one year immediately preceding the
commencement of this divorce action.

-----OR-----

D) The cause of action occurred in New York State and both parties were residents
at the time of commencement of this divorce action.

9 3. I married the Defendant on _____, in the City, Town or Village of _____, County of _____, State or Country of _____. The marriage was *not* performed by a clergyman, minister or by a leader of the Society for Ethical Culture.

10 (If the word "not" is deleted, check one of the following below:)

- To the best of my knowledge I have taken all steps solely within my power to remove any barrier to the Defendant's remarriage. **OR**
- I will take prior to the entry of final judgment all steps solely within my power to the best of my knowledge to remove any barrier to the Defendant's remarriage. **OR**
- The Defendant has waived in writing the requirements of DRL §253 (Barriers to Remarriage).

11 4. There is (are) _____ child(ren) of the marriage under the age of 21 (see definition on page 7 of the Instructions)

| <u>Name & Social Security Number</u> | <u>Date of Birth</u> |
|--|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The present address of each minor child of the marriage under the age of 18 (see definition on page 7 of the Instructions) and all other places where each child has lived within the last five (5) years is as follows:

| <u>Child</u> | <u>Present Address</u> |
|--------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| <u>Child</u> | <u>Other Address Within Last 5 years</u> |
|--------------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

The name(s) and present address(es) of the person(s) with whom each minor child of the marriage under the age of 18 (see definition on page 7 of the Instructions) has lived within the last five (5) years is:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

12 I have participated in other litigation concerning the custody of the minor child(ren) of the marriage (see definition on page 7 of the Instructions) in this or another state. Yes No
I have information of a custody proceeding concerning the minor child(ren) of the marriage (see definition on page 7 of the Instructions) pending in a court of this or another state. Yes No
I know of a person who is not a party to this proceeding who has physical custody of the minor child(ren) of the marriage (see definition on page 7 of the Instructions) or claims to have custody or visitation rights with respect to such child(ren). Yes No

13 The parties are covered by the following group health plans:

Plaintiff

Defendant

Group Health Plan: _____
Address: _____
Identification Number: _____
Plan Administrator: _____
Type of Coverage: _____

Group Health Plan: _____
Address: _____
Identification Number: _____
Plan Administrator: _____
Type of Coverage: _____

OR

Not Applicable.

No health plans are available to the parties through their employment

14 5. The grounds for dissolution of the marriage are as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior.)

(Attach an additional sheet, if necessary)

Abandonment (DRL 170(2)):

- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.
- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____.
- That commencing on or about the _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____. This deprivation of access was without the consent of the Plaintiff and continued for a period of greater than one year.

Confinement to Prison (DRL §170(3)):

- That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in _____ prison on the _____ day of _____, _____, and remained confined until the _____ day of _____, _____; **OR** remains confined to this date.
- Name of correctional facility*
Month *Year*
Month *Year*

Adultery (DRL §170(4)):

- That on the ___ day of _____, _____, at _____ the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.
- Month* *Year* *Location*

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separatio(DRL §170(5)):

- (a) That the _____ Court, _____ County, _____ (Country or State) rendered a decree or judgment of separation on _____ under Index Number: _____; and
- (b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and
- (c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

- (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and
- (b) that the *agreement / memorandum of said agreement* was filed on _____ in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and
- (c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and
- (d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

- That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months.

15

6a. In addition to the dissolution of the marriage, I am seeking the following ancillary relief:
The nature of any ancillary or additional relief requested (see p.19 of Instructions) is:

- Additional page describing ancillary relief requested is attached;
- Marital property to be distributed pursuant to separation agreement/stipulation;
- I waive distribution of Marital property;
- NONE- I am not requesting any ancillary relief;
AND any other relief the court deems fit and proper

6b If DRL §170 subd. (7) is the ground alleged, then Plaintiff hereby affirms, by checking the box below:

- that all economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage have been resolved by the parties by written Agreement or are specified above and in the Summons with Notice or Summons and Complaint and are to be determined by the court and incorporated into the judgment of divorce.

16 7. The Defendant is in the military service and *has* *waived* rights under the New York
 has not *her* Soldiers' and Sailors' Civil Relief Act.

- =====OR=====
- Defendant is not in the active military service of this state, or any other state or this nation.
 - I know this because: *he/she* admitted it to *me / the process server* on _____.
 - I have submitted with these papers an *investigator's affidavit / Defendant's affidavit* which states that Defendant is not in the active military service of this state, or any other state or this nation.

17 8. I am *not* receiving Public Assistance. To my knowledge the Defendant is *not* receiving Public Assistance.

18 9. No other matrimonial action is pending in this court or in any other court, and the marriage has not been terminated by any decree of any court of competent jurisdiction.

19 10. *Annexed to the "Affidavit of Service" of Summons and Complaint / Summons With Notice is a photograph. It is a fair and accurate representation of the Defendant.*

20 11A. I am not the custodial parent of the unemancipated child(*ren*) of the marriage (see definition on page 7 of the Instructions).

OR

11B. I am the custodial parent of the unemancipated child(*ren*) of the marriage (see definition on page 7 of the Instructions) entitled to receive child support pursuant to DRL §236(B)(7)(b),

AND

(1) I request child support services through the Support Collection Unit which would authorize collection of the support obligation by the immediate issuance of an income execution for support enforcement.

OR

(2) I am in receipt of such services through the Support Collection Unit.

OR

(3) I have applied for such services through the Support Collection Unit.

OR

(4) I am aware of but decline such services through the Support Collection Unit at this time. I am aware that an income deduction order (also known as an Income Withholding Order/Notice for Support) may be issued pursuant to CPLR §5242(c) without other child support enforcement services and that payment of an administrative fee may be required.

If (1) is selected, the Support Collection Unit Information Sheet (Form UD-8a) should be completed and presented with your papers.

21 Plaintiff's OR Defendant's prior surname is: _____

Pursuant to DRL § 240 1 (a-1)-Records Checking Requirements:

An Order of Protection has been has never been issued against me, enjoining me or requiring my compliance.

An Order of Protection has has never been issued in favor of or protecting me or my child(ren) or a member of my household.

List all Family/Criminal Court Docket #'s and Counties, _____
Supreme Court Index #'s and Counties _____

I or my child(ren) or my spouse has been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

List all Family Court Docket #'s _____
and Counties _____

I or my child(ren) or my spouse has never been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

I am registered under New York State's Sex Offender Registration Act

List all names under which _____
you are registered _____

I am not registered under New York State's Sex Offender Registration Act

WHEREFORE, I _____ (print name), respectfully request that judgment be entered for the relief sought and for such other relief as the court deems fitting and proper.

22 Subscribed and Sworn to
before me on

Plaintiff's Signature

NOTARY PUBLIC

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

1

-----X

2

3

Plaintiff,

Index No.:

-against-

**AFFIDAVIT OF DEFENDANT
IN ACTION FOR DIVORCE**

4

Defendant.

-----X

5

STATE OF _____ }

ss:

COUNTY OF _____ }

6

_____ being duly sworn, says:

7

I am the Defendant in the within action for divorce, and I am over the age of 18. I reside at

_____.

8

1. I admit service of the *Summons with Notice* **OR** *Summons and Complaint* for divorce on __/__/20__ based upon the following grounds: Insert the grounds alleged in the *Summons with notice* or *Complaint*:

- DRL §170(1) cruel and inhuman treatment
- DRL §170(2) abandonment
- DRL §170(3) confinement in prison
- DRL §170(4) adultery
- DRL §170(5) living apart one year after separation decree or judgment of separation
- DRL §170(6) living apart one year after execution of a separation agreement
- DRL §170(7) irretrievable breakdown in relationship*(see Defendant's Affidavit Notes)

_____.

I also admit service of the *Notice of Automatic Orders* and those of the following forms checked: *Notice Concerning Continuation of Health Care Coverage*: *other*_____

9

2. I appear in this action; however, I do not intend to respond to the summons or answer the complaint, and I waive the twenty (20) or thirty (30) day period provided by law to respond to the summons or answer the complaint. I waive the forty (40) day waiting period to place this matter on the calendar, and I hereby consent to this action being placed on the uncontested divorce calendar immediately.

TO THE DEFENDANT:

You should read the Defendant's Affidavit Notes on the last page of this Affidavit before completing this form. For instructions on how to fill out this form, see p. 20 of the instructions for Uncontested Divorces with Children which may be found at any Supreme Court Clerk's Office or online at <http://www.nycourts.gov/divorce/pdfs/divorce-packet-instructions.pdf>

10 3. I am not a member of the military service of this state, any other state or this nation

OR

If in the military: I am aware of my rights under the New York State Soldiers' and Sailors' Civil Relief Act; however, I consent that this matter be placed on the Uncontested Matrimonial calendar and waive any rights I may have under the Act.

11 4a. I waive the service of all further papers in this action except for a copy of the final Judgment of Divorce.

OR

b. I request service of the following documents: *Note of Issue, Request for Judicial Intervention, Barriers to Remarriage Affidavit, Proposed Judgment of Divorce, Proposed Findings of Facts and Conclusions of Law, Notice of Settlement, Qualified Medical Child Support Order, and any other proposed orders.*

12 5. I am not seeking equitable distribution *other than what was already agreed to in a written stipulation.* I understand that I may be prevented from further asserting my right to equitable distribution.

13 6a. *I will take or have taken all steps solely within my power to remove any barriers to the Plaintiff's remarriage.*

b. *I waive the requirements of DRL § 253 subdivisions (2),(3) and (4).*

14 7a. I am not the custodial parent of the unemancipated child(ren) of the marriage (see definition on page 7 of the Instructions).

OR

b. I am the custodial parent of the unemancipated child(ren) of the marriage (see definition on page 7 of the Instructions) entitled to receive child support pursuant to DRL §236(B)(7)(b),

AND

(1) I request child support services through the Support Collection Unit which would authorize collection of the support obligation by the immediate issuance of an income execution for support enforcement.

OR

(2) I am in receipt of such services through the Support Collection Unit.

OR

(3) I have applied for such services through the Support Collection Unit.

OR

(4) I am aware of but decline such services through the Support Collection Unit at this time. I am aware that an income deduction order (also known as an Income Withholding Order/Notice for Support) may be issued pursuant to CPLR §5242 (c) without other child support enforcement services and that payment of an administrative fee may be required.

If (1) is selected, a Support Collection Information Sheet (Form UD-8a) must be completed and submitted with your papers.

Pursuant to DRL § 240 1 (a-1) Records Checking Requirements:

An Order of Protection *has been* *has never been* issued against me, enjoining me or requiring my compliance.

An Order of Protection *has* *has never been* issued in favor of or protecting me or my child(ren) or a member of my household.

List all Family/Criminal Court Docket #'s and Counties, _____
Supreme Court Index #'s and Counties _____

I or my child(ren) or my spouse has been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

List all Family Court Docket #'s _____
and Counties _____

I or my child(ren) or my spouse has never been named in a Child Abuse/Neglect Proceeding (FCA Art.10)

I am registered under New York State's Sex Offender Registration Act

List all names and any _____
related information _____

I am not registered under New York State's Sex Offender Registration Act

15

Defendant's Signature

Subscribed and Sworn to
before me on

NOTARY PUBLIC

Defendant's Affidavit Notes

- If you have been served with a Summons with Notice or a Summons and Complaint in an action for Divorce, ask yourself these two questions:
Do I oppose the divorce itself?
Do I oppose anything else my spouse is asking for in the divorce papers?
- You may want to discuss your situation with a lawyer before deciding on your final answers to these questions. If you answered "Yes" to *either* of the two questions, do *not* sign this form. If you are opposing the divorce or anything else your spouse is asking for, you should talk with a lawyer *immediately, since there are time limits for you to respond to the divorce.* The Supreme Court Clerk's Office in the county where you live (if you live in New York State) may be able to help you with information about lawyer referral services, but cannot give you legal advice.
- If you have decided to agree to the divorce and to the other things your spouse is asking for, **or** if you and your spouse have worked out a written Settlement Agreement about everything involved in the divorce, you can sign the Affidavit of Defendant form and have it notarized before a notary public, and send it back to your spouse.
- *If DRL §170 subd. (7) is the ground alleged in the summons with notice or complaint, then all economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage must have been resolved by the parties or determined by the court and incorporated into the judgment of divorce.

SUPREME COURT OF THE STATE OF NEW YORK

1 COUNTY OF _____

-----X

2
3

Plaintiff,

-- against --

Index/Docket No.:

**CHILD SUPPORT
WORKSHEET**

4

Defendant

-----X

5 Prepared by _____

6 This Worksheet is submitted by Plaintiff Defendant

(All numbers used in this worksheet are YEARLY figures. Convert weekly or monthly figures to annualized numbers.)

7,8 STEP 1 MANDATORY PARENTAL INCOME (b)(5) PLAINTIFF DEFENDANT

1. Gross (total) income (as reported on most recent Federal tax return, or as computed in accordance with Internal Revenue Code and regulations): (b)(5)(i)..... _____

The following items **MUST** be added if not already included in Line 1:

- 2. Investment income: (b)(5)(ii)..... _____
- 3. Workers' compensation: (b)(5)(iii)(A)..... _____
- 4. Disability benefits: (b)(5)(iii)(B)..... _____
- 5. Unemployment insurance benefits: (b)(5)(iii)(C)..... _____
- 6. Social Security benefits: (b)(5)(iii)(D)..... _____
- 7. Veterans benefits: (b)(5)(iii)(E)..... _____
- 8. Pension/retirement income: (b)(5)(iii)(F)..... _____
- 9. Fellowships and stipends: (b)(5)(iii)(G)..... _____
- 10. Annuity payments: (b)(5)(iii)(H)..... _____
- 11. If self-employed, depreciation greater than straight-line depreciation used in determining business income or investment credit: (b)(5)(vi)(A).... _____
- 12. If self-employed, entertainment and travel allowances deducted from business income to the extent the allowances reduce personal expenditures: (b)(5)(vi)(B)..... _____
- 13. Former income voluntarily reduced to avoid child support: (b)(5)(v). _____
- 14. Income voluntarily deferred: (b)(5)(iii)..... _____

A. TOTAL MANDATORY INCOME:..... _____

9, 10 STEP 2 NON-MANDATORY PARENTAL INCOME

These items must be disclosed here. Their inclusion in the final calculations, however, is discretionary. In contested cases, the Court determines whether or not they are included. In uncontested cases, the parents and their attorneys or mediators must determine which should be included.

- 15. Income attributable to non-income producing assets: (b)(5)(iv)(A)..... _____
- 16. Employment benefits that confer personal economic benefits: (b)(5)(iv)(B)
(Such as meals, lodging, memberships, automobiles, other)..... _____

- 17. Fringe benefits of employment: (b)(5)(iv)(C) _____
- 18. Money, goods and services provided by relatives and friends: (b)(5)(iv)(D) _____

B. TOTAL NON-MANDATORY INCOME:..... _____

11, 12 C. TOTAL INCOME (add Line A + Line B):..... _____

13, 14 STEP 3 DEDUCTIONS

- 19. Expenses of investment income listed on line 2: (b)(5)(ii)..... _____
- 20. Unreimbursed business expenses that do not reduce personal
expenditures: (b)(5)(vii)(A)..... _____
- 21. Alimony or maintenance actually paid to a former spouse: (b)(5)(vii)(B)..... _____
- 22. Alimony or maintenance paid to the other parent but only
if child support will increase when alimony stops: (b)(5)(vii)(C)..... _____
- 23. Child support actually paid to other children the parent
is legally obligated to support: (b)(5)(vii)(D)..... _____
- 24. Public assistance: (b)(5)(vii)(E)..... _____
- 25. Supplemental security income: (b)(5)(vii)(F)..... _____
- 26. New York City or Yonkers income or earnings taxes actually paid:
(b)(5)(vii)(G)..... _____
- 27. Social Security taxes (FICA) actually paid:(b)(5)(vii)(H)..... _____

D. TOTAL DEDUCTIONS:..... _____

15 E. Plaintiff's Income (Line C minus Line D):.....\$ _____

16 F. Defendant's Income (Line C minus Line D):..... \$ _____

17 STEP 4 (b)(4) G. COMBINED PARENTAL INCOME (Line E + Line F):...\$ _____

18 STEP 5 (b)(3) and (c)(2)

MULTIPLY Line G (up to \$136,000) by the proper percentage (insert in Line H):

For 1 child.....17% For 3 children.....29% For 5 or more children.....35% (minimum)
For 2 children.....25% For 4 children.....31%

H. COMBINED CHILD SUPPORT:..... _____

STEP 6 (c)(2)

19 DIVIDE the noncustodial parent's amount on Line E or Line F:..... _____

20 by the amount of Line G:..... _____

to obtain the percentage allocated

21 I. to the noncustodial parent:..... %

22 STEP 7 (c)(2) J. MULTIPLY line H by Line I:..... _____

STEP 8 (c)(3)

23 K. DECIDE the amount of child support to be paid on any combined
parental income exceeding \$136,000 per year using the percentages
in STEP 5 or the factors in STEP 11-C or both:..... _____

24 L. ADD Line J and Line K:..... _____

This is the amount of child support to be paid by the non-custodial parent to the custodial parent for all costs of the children, except for child care expenses, health care expenses, and college, post-secondary, private, special or enriched education.

STEP 9 SPECIAL NUMERICAL FACTORS

CHILD CARE EXPENSES

25 M. Cost of child care resulting from custodial parent's:

- seeking work (c)(6)[discretionary] working attending elementary education
- attending secondary education attending higher education
- attending vocational training leading to employment: (c)(4)..... _____

26 N. MULTIPLY Line M by Line I:..... _____
This is the amount the non-custodial parent must contribute to the custodial parent for child care.

HEALTH EXPENSES (c)(5)

27 O. Reasonable future health care expenses not covered by insurance:..... _____

28 P. MULTIPLY Line O by Line I: _____

This is the amount the non-custodial parent must contribute to the custodial parent for health care or pay directly to the health care provider.

29 Q. EDUCATIONAL EXPENSE, if appropriate, see STEP 11(b) (c)(7) _____

STEP 10 LOW INCOME EXEMPTIONS (d)

30 R. INSERT amount of noncustodial parent's income from Line E or Line F:.. _____

31 S. ADD amounts on Line L, Line N, Line P and Line Q
(This total is "basic child support"):..... _____

32 T. SUBTRACT Line S from Line R:..... _____

If Line T is more than the self-support reserve*, then the low income exemptions do not apply and child support remains as determined in Steps 8 and 9. **If so, go to Step 11.**

If Line T is less than the poverty level†, then

33 U. INSERT amount of non-custodial parent's income from Line E or Line F:..... _____

34 V. Self-support reserve: _____

35 W. SUBTRACT Line V from Line U: _____

If Line W is more than \$300 per year, then Line W is the amount of basic child support. If Line W is less than \$300 per year, then basic child support **shall be \$300 per year, unless the Court decides this amount is "unjust or inappropriate" based on the non-numerical factors in Step 11C below.**

If Line T is less than the self-support reserve* but more than the poverty level†, then

36 X. INSERT amount of noncustodial parent's income from Line E or Line F:..... _____

37 Y. Self-support reserve:..... _____

*The self-support reserve. This figure changes on April 1 of each year. For the most current, go to https://newyorkchildsupport.com/quick_links.html The current self-support reserve is 135% of the office Federal poverty level for a single person household as promulgated by the U.S. Department of Health and Human Services.

†The poverty level. This figure changes on April 1 of each year. The current Federal poverty level for a single person household in any year is as promulgated by the U.S. Department of Health and Human Services. For the most current, go to https://newyorkchildsupport.com/quick_links.html

38 Z. SUBTRACT Line Y from Line X:.....

If Line Z is more than \$600 per year, then Line Z is the amount of basic child support. If Line Z is less than \$600 per year, then basic child support must be a minimum of \$600 per year. **In addition the Court also has discretion to award child care expenses, health care expenses, and college, post-secondary, private, special or enriched education expenses pursuant to Step 9.**

STEP 11 NON-NUMERICAL FACTORS

(a) NON-RECURRING INCOME (e)

A portion of non-recurring income, such as life insurance proceeds, gifts and inheritances or lottery winnings, may be allocated to child support. The law does not mention a specific percentage for such non-recurring income. Such support is not modified by the low income exemptions.

(b) EDUCATIONAL EXPENSES (c)(7)

New York's child support law does not contain a specific percentage method to determine how parents should share the cost of education of their children. Traditionally, the courts have considered both parents' complete financial circumstances in deciding who pays how much. The most important elements of financial circumstances are income, reasonable expenses, and financial resources such as savings and investments.

(c) ADDITIONAL FACTORS (f)

The child support guidelines law lists 10 factors that should be considered in deciding on the amount of child support for:

- combined incomes of more than \$136,000 per year or
- to vary the numerical result of these steps because the result is “unjust or inappropriate”. However, any court order deviating from the guidelines must set forth the amount of “basic child support” (Line S) resulting from the Guidelines and the reason for the deviation.

These factors are:

1. The financial resources of the parents and the child.
2. The physical and emotional health of the child and his/her special needs and aptitudes.
3. The standard of living the child would have enjoyed if the marriage or household was not dissolved.
4. The tax consequences to the parents.
5. The non-monetary contributions the parents will make toward the care and well-being of the child.
6. The educational needs of the parents.
7. The fact that the gross income of one parent is substantially less than the gross income of the other parent.
8. The needs of the other children of the non-custodial parent for whom the non-custodial parent is providing support, but only (a) if Line 23 is not deducted; (b) after considering the financial resources of any other person obligated to support the other children; and (c) if the resources available to support the other children are less than the resources available to support the children involved in this matter.
9. If a child is not on public assistance, the amount of extraordinary costs of visitation (such as out-of-state travel) or extended visits (other than the usual two to four week summer visits), but only if the custodial parent's expenses are substantially reduced by the visitation involved.
10. Any other factor the court decides is relevant.

NON-JUDICIAL DETERMINATION OF CHILD SUPPORT *(h)*

Outside of court, parents are free to agree to any amount of support, so long as they sign a statement that they have been advised of the provisions of the child support guidelines law, the amount of "basic child support" (Line S) resulting from the Guidelines and the reason for any deviation. Further, the Court must approve any deviation. In addition, the courts retain discretion over child support.

39

Signature (check which applies) Plaintiff Defendant
(The name signed must be printed beneath)

Subscribed and Sworn to
before me on

NOTARY PUBLIC

1 SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----x

2

3

Plaintiff,

Index No. _____

-against-

4 **SUPPORT COLLECTION UNIT
INFORMATION SHEET**

4

Defendant.

-----x

The following information is required pursuant to Section 240(1) of the Domestic Relations Law:

5

PLAINTIFF: _____

Address: _____

Date of Birth _____ SS #: _____

6

DEFENDANT: _____

Address: _____

Date of Birth _____ SS #: _____

7

Date and Place of Marriage: _____

8

Plaintiff OR Defendant is the custodial parent and is OR is not receiving public assistance.

9

UNEMANCIPATED CHILDREN: Name Date of Birth

SUPPORT: Maintenance \$ _____ per week OR bi-weekly OR per month

Child Support \$ _____ per week OR bi-weekly OR per month

Total Support \$ _____ per week OR bi-weekly OR per month

10

Support payments are to be made to the Support Collection Unit for the benefit of Plaintiff OR Defendant OR Third Party.

11

If third party, list name and address: _____

12

Non-custodial parent's employer: _____

Address: _____

13

Dated: _____

1
2
3

At a term of the Supreme Court of the
State of New York, held in and for the
County of _____
at _____, New York
on _____

4 PRESENT: Hon. _____
Justice/Referee

5
6

Index No.: _____

Plaintiff,

-against-

**QUALIFIED MEDICAL
CHILD SUPPORT ORDER**

7

Defendant.

NOTICE: YOUR WILLFUL FAILURE TO OBEY THIS ORDER MAY, AFTER A COURT HEARING,
RESULT IN YOUR COMMITMENT TO JAIL FOR A TERM NOT TO EXCEED SIX MONTHS, FOR
CONTEMPT OF COURT.

8 Pursuant to DRL §240(1). This Qualified Medical Child Support Order (QMCSO) orders and directs
that the unemancipated dependents named herein:

Name: Date of Birth: Soc. Sec.#: Mailing Address:

are entitled to be enrolled in and receive the benefits for which the legally responsible relative named
herein is eligible, under the group health plan named herein in accordance with Section 609 of the
Federal Employee Retirement Income Security Act.

9 The Participant (legally responsible relative) is:
Name: Soc. Sec.#: Mailing Address:

10 The Dependents' Custodial Parent or Legal Guardian who is to be provided with any identification
cards and benefit claim forms on behalf of dependents:
Name: Soc. Sec.#: Mailing Address:

11 The group health plan subject to this order is:
Name: Address:

Identification No.:

12 The administrator of said plan is:
Name: Address:

13 The type of coverage provided is:

14 **ORDERED** that coverage shall include all plans covering the health, medical, dental, pharmaceutical and optical needs of the aforementioned Dependents named above for which the Participant is eligible.

15 **ORDERED** that said coverage shall be effective as of (give date) _____ and shall continue as available until the respective emancipation of the aforementioned dependents.

ENTER:

16 DATED: _____

JSC/Referee

TO: [Health Insurer]

NOTICE: Pursuant to Section 5241(g)(4) of the Civil Practice Laws and Rules, if an employer, organization or group health plan fails to enroll eligible dependents or to deduct from the debtor's income the debtor's share of the premium, such employer, organization or group health plan administrator shall be jointly and severally liable for all medical expenses incurred on behalf of the debtor's dependents named in the execution while such dependents are not so enrolled to the extent of the insurance benefits that should have been provided under such execution.

The group health plan is not required to provide any type or form of benefit or option not otherwise provided under the group health plan except to the extent necessary to meet the requirements of a law relating to medical child support described in section one thousand three hundred and ninety six g-1 of title forty-two of the United States Code.

NOTE OF ISSUE - UNCONTESTED DIVORCE

For Use of Clerk

1 SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

2 -----X
3

Plaintiff,

Index No.:

- against -

Calendar No.:

4

Defendant.

-----X

5 NO TRIAL

6 FILED BY: Plaintiff OR Plaintiff's Attorney OR Defendant OR
 Defendant's Attorney

7 DATE SUMMONS FILED: _____

8 DATE SUMMONS SERVED: _____

9 DATE ISSUE JOINED: NOT JOINED - Waiver OR Default OR
 Stipulation/Separation Agreement

10 NATURE OF ACTION: UNCONTESTED DIVORCE

11 RELIEF: ABSOLUTE DIVORCE

12 Plaintiff OR Attorney(s) for Plaintiff
Office and P.O. Address:

Phone No.:

Fax No.:

13 Defendant OR Attorney(s) for Defendant
Office and P.O. Address:

Phone No.:

Fax No.:

At the Matrimonial/IAS Part _____
of New York State Supreme Court at
the Courthouse, _____
County, on _____.

Present:
Hon.

Justice/Referee

-----X

Index No.:
Calendar No.:

Plaintiff,

-against-

**FINDINGS OF FACT
AND
CONCLUSIONS OF LAW**

Defendant.

-----X

The issues of this action having *been submitted to* **OR** *been heard* before me as one of the *Justices/Referees* of this Court at Part _____ hereof, held in and for the County of _____ on _____, and having considered the allegations and proofs of the respective parties, and due deliberation having been had thereon.

NOW, after *reading and considering the papers submitted* *hearing the testimony*, I do hereby make the following findings of essential facts which I deem established by the evidence and reach the following conclusions of law.

FINDINGS OF FACT

FIRST: Plaintiff and Defendant were both eighteen (18) years of age or over when this action was commenced.

SECOND:

A) The *Plaintiff* *Defendant* has resided in New York State for a continuous period of at least two years immediately preceding the commencement of this divorce action.

=====OR=====

B) The *Plaintiff* *Defendant* resided in New York State on the date of commencement of this

divorce action and for a continuous period of one year immediately preceding the commencement of this divorce action **AND:**

a. the parties were married in New York State.

or

b. the parties have resided as married persons in New York State.

=====OR=====

C) The cause of action occurred in New York State and *Plaintiff* *Defendant* resided in New York

State for a continuous period of at least one year immediately preceding the commencement of this divorce action.

=====OR=====

D) The cause of action occurred in New York State and both parties were residents at the time of commencement of this divorce action.

11 **THIRD:** The Plaintiff and the Defendant were married on the date of _____ in the City, Town or Village of _____, County of _____, State or Country of _____; in a *civil* **OR** *religious* ceremony.

12 **FOURTH:** That no decree, judgment or order of divorce, annulment or dissolution of marriage has been granted to either party against the other in any Court of competent jurisdiction of this state or any other state, territory or country, and that there is no other action pending for divorce by either party against the other in any Court.

13 **FIFTH:** That this action was commenced by filing the *Summons With Notice* **OR** *Summons and Verified Complaint* with the County Clerk on _____. Defendant was served *personally* **OR** *pursuant to Court order dated* _____ with the above stated pleadings and the Notice of Automatic Orders. Defendant *defaulted in appearance* **OR** *appeared and waived his / her right to answer* **OR** *filed an answer / amended answer withdrawing any previous pleading, and neither admitting nor denying the allegations in plaintiff's complaint, and consenting to entry of judgment.*

14 **SIXTH:** That Defendant is not in the military service of the United States of America, the State of New York, or any other state. **OR** Defendant is a member of the military service of the _____ and has appeared by affidavit and does not oppose the action **OR** is in default.

15 **SEVENTH:** There are no children of the marriage **OR** There *is/are* _____ child(ren) of the marriage. Their name(s), social security number(s), address(es) and date(s) of birth are:

| <u>Name & Social Security Number</u> | <u>Date of Birth</u> | <u>Address</u> |
|--|----------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

16 **EIGHTH:** The grounds for divorce that are alleged in the Verified Complaint were proved as follows:

Cruel and Inhuman Treatment (DRL §170(1)):

- At the following times Defendant committed the following act(s) which endangered the Plaintiff's physical or mental well being and rendered it unsafe or improper for Plaintiff to continue to reside with Defendant.

(State the facts that demonstrate cruel and inhuman conduct giving dates, places and specific acts. Conduct may include physical, verbal, sexual or emotional behavior).

(Attach an additional sheet, if necessary).

Abandonment (DRL 170(2)):

- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant left the marital residence of the parties located at _____, and did not return. Such absence was without cause or justification, and was without Plaintiff's consent.
- That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant refused to have sexual relations with the Plaintiff despite Plaintiff's repeated requests to resume such relations. Defendant does not suffer from any disability which would prevent *her / him* from engaging in such sexual relations with Plaintiff. The refusal to engage in sexual relations was without good cause or justification and occurred at the marital residence located at _____.

That commencing on or about _____, and continuing for a period of more than one (1) year immediately prior to commencement of this action, the Defendant willfully and without cause or justification abandoned the Plaintiff, who had been a faithful and dutiful spouse, by depriving Plaintiff of access to the marital residence located at _____. This deprivation was without the consent of the Plaintiff and continued for a period of greater than one year.

Confinement to Prison (DRL §170(3)):

That after the marriage of Plaintiff and Defendant, Defendant was confined in prison for a period of three or more consecutive years, to wit: that Defendant is/was confined in

_____ prison on the
Name of correctional facility
_____ day of _____, _____, and remained confined until the
Month Year
_____ day of _____, _____; **OR** remains confined to this date.
Month Year

Adultery (DRL §170(4)):

That on the _____ day of _____, _____, at _____
Month Year Location
the Defendant voluntarily committed of an act of sexual or deviate sexual intercourse with a person other than the Plaintiff after the marriage of Plaintiff and Defendant.

Living Separate and Apart Pursuant to a Separation Decree or Judgment of Separation (DRL §170(5)):

- (a) That the _____ Court, _____ County, _____ (Country or State) rendered a decree or judgment of separation on _____, under Index Number _____; and
- (b) that the parties have lived separate and apart for a period of one year or longer after the granting of such decree; and
- (c) that the Plaintiff has substantially complied with all the terms and conditions of such decree or judgment.

Living Separate and Apart Pursuant to a Separation Agreement (DRL §170(6)):

- (a) That the Plaintiff and Defendant entered into a written agreement of separation, which they subscribed and acknowledged on _____, in the form required to entitle a deed to be recorded; and
- (b) that the *agreement / memorandum of said agreement* was filed _____ in the Office of the Clerk of the County of _____, wherein *Plaintiff / Defendant* resided; and
- (c) that the parties have lived separate and apart for a period of one year or longer after the execution of said agreement; and
- (d) that the Plaintiff has substantially complied with all terms and conditions of such agreement.

Irretrievable Breakdown in Relationship for at Least Six Months (DRL §170(7)):

That the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months as stated in the Plaintiff's Affidavit or a sworn statement of Defendant.

19 ELEVENTH: The minor children of the marriage now reside with *Plaintiff* **OR**
 Defendant **OR** *third party*, namely _____. The *Plaintiff* **OR**
 Defendant is entitled to visitation away from the custodial residence. The *Plaintiff* **OR**
 Defendant **OR** *Third Party*, namely _____ is entitled to custody. **OR**
 No award of custody due to the minor child(ren) of the marriage not residing in New York State.
OR Other custody arrangement (specify): _____

Allegations of domestic violence and/or child abuse were or were not made in this case; Where such allegations were made, the Court has found that they were supported by a preponderance of the evidence, and has set forth on the record or in writing how such findings, facts and circumstances were factored into the custody or visitation direction or has found that they were not supported by a preponderance of the evidence.

20 TWELFTH: Equitable Distribution and ancillary issues shall be *in accordance with the settlement agreement* **OR** *pursuant to the decision of the court* **OR** *Equitable Distribution is not an issue.*

21 THIRTEENTH: There *is/are* no unemancipated child(ren) of the marriage. **OR** The award of child support is based upon the following:

(A) The unemancipated children of the marriage entitled to receive support are:

| <u>Name</u> | <u>Date of Birth</u> |
|-------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(B) (1) By order of _____ Court, _____ County, *Index/Docket No.* _____ dated _____ the *Plaintiff/Defendant* was directed to pay the sum of _____ per _____ for child support. Said Order shall continue.
OR

(2) The adjusted gross income of the Plaintiff who is the *custodial* **OR** *non-custodial* parent is _____ per year and the adjusted gross income of the Defendant who is the *custodial* **OR** *non-custodial* parent is _____ per year and the combined parental annual income is _____. The applicable child support percentage is 17/25/29/31/35 %. The combined basic child support

obligation attributable to both parents is _____ per year on income to \$136,000 and _____ per year on income over \$136,000. The Plaintiff's pro rata share of the combined parental income is _____% and the Defendant's pro rata share of the combined parental income is _____%. The non-custodial parent's pro rata share of the child support obligation on combined income to \$136,000 is _____ per year or _____ per week bi-weekly per month. The non-custodial parent's pro rata share of the child support obligation on combined income over \$136,000 is _____ per year or _____ per week bi-weekly per month. The non-custodial parent's pro rata share of future health care expenses not covered by insurance, child care expenses, educational or other extraordinary expenses is _____%.

OR

- (3) The parties entered into a *stipulation/agreement* on _____ wherein the Plaintiff **OR** Defendant agrees to pay _____ per week **OR** bi-weekly **OR** per month child support directly **OR** through the Support Collection Unit to Plaintiff **OR** Defendant **OR** Third Party, namely _____ . The parties agree to waive **OR** apply the Child Support Standards Act to combined income over \$136,000. The parties have agreed that health care expenses not covered by insurance shall be paid by Plaintiff **OR** Defendant in the amount of _____ per week **OR** bi-weekly **OR** per month **OR** _____% of the uncovered expenses. The parties have agreed that child care expenses shall be paid by Plaintiff **OR** Defendant to Plaintiff **OR** Defendant in the amount of _____ per week **OR** bi-weekly **OR** per month **OR** _____% of said child care expenses. The parties have agreed that educational and extraordinary expenses shall be paid by Plaintiff **OR** Defendant to Plaintiff **OR** Defendant in the amount of _____ per week **OR** bi-weekly **OR** per month **OR** _____% of said educational and extraordinary expenses. Said agreement reciting in compliance with DRL §2401-b(h): The parties have been advised of the Child Support Standards Act. The basic child support obligation presumptively results in the correct amount of child support. The unrepresented party, if any, has received a copy of the Child Support Standards Chart promulgated by Commissioner of Social Services pursuant to Social Services Law Section 111-I. The presumptive amount of child support attributable to the non-custodial parent is _____ per week **OR** bi-weekly **OR** per month. The amount of child support agreed to conforms with the non-custodial parent's basic child support obligation **OR** deviates from the non-custodial parent's basic child support obligation for the following reasons:

22 **FOURTEENTH:** The Plaintiff's address is _____,
and social security number is _____. The Defendant's address is _____
_____, and social security number is _____.

23

- There are no unemancipated children of the marriage. **OR**
- There are no health plans available to the parties through their employment. **OR**
- The parties are covered by the following group health plans through their employment:

Plaintiff

Defendant

Group Health Plan: _____
 Address: _____
 Identification Number: _____
 Plan Administrator: _____
 Type of Coverage: _____

Group Health Plan: _____
 Address: _____
 Identification Number: _____
 Plan Administrator: _____
 Type of Coverage: _____

- The parties have agreed or stipulated* **OR** *the court has determined* that the *Plaintiff* **OR** *Defendant* shall be the legally responsible relative and that the unemancipated child(ren) shall be enrolled in *his / her* group health plan as specified above until the age of 21 years **OR** until the child(ren) is / are sooner emancipated.

24

FIFTEENTH: The _____ Court entered the following order(s) under Index No(s) / Docket No(s): _____

_____ Not Applicable

25

SIXTEENTH: *Plaintiff* **OR** *Defendant* may resume use of the prior surname: _____

26

SEVENTEENTH: Compliance with DRL § 255 (1) and (2) has been satisfied as follows:

- A) The parties entered into a Stipulation of Settlement/Agreement dated _____

AND:

1. the stipulation of settlement complies with the requirements of DRL § 255 (2).

or

2. the parties entered into an addendum to the stipulation of settlement/agreement which complies with the requirements of DRL § 255 (2).

- B) There is no stipulation of settlement/agreement

-
1. each party has been provided notice as required by DRL § 255(1)

or

2. the plaintiff has been notified pursuant to DRL § 255(1). Notice to the defendant

cannot be effectuated due to the defendant's whereabouts being unknown. Since the cost of publication would present an undue burden, notice to the defendant is hereby dispensed with.

EIGHTEENTH: Where applicable, registry checks were completed pursuant to DRL §240 1 (a-1).

27

NINETEENTH:

All ancillary issues, including payment of counsel and expert fees, if any, were:

not presented for determination (Note: This box may not be checked if DRL 170(7) is the ground alleged for the divorce)

determined by the Court

settled by written settlement/separation agreement

settled by oral settlement agreement on the record

CONCLUSIONS OF LAW

FIRST: Residency as required by DRL § 230 has been satisfied.

SECOND: The requirements of DRL § 255 have been satisfied.

THIRD: The requirements of DRL § 240 1 (a) including the Records Checking Requirements in DRL § 240 1 (a-1) have been satisfied.

FOURTH: The requirements of DRL § 236(B)(2)(b) have been satisfied.

FIFTH: If DRL §170 subd. (7) is the ground alleged, then all economic issues of equitable distribution of marital property, the payment or waiver of spousal support, the payment of child support, the payment of counsel and experts' fees and expenses as well as the custody and visitation with the minor children of the marriage have been resolved by the parties or determined by the court and incorporated into the judgment of divorce.

28 **SIXTH:** *Plaintiff* OR *Defendant* is entitled to a judgment of divorce on the ground of DRL §170 subd. _____ and granting the incidental relief awarded.

29 Dated: _____

J.S.C./Referee

1
2
3
4
5
6
7
8

At the *Matrimonial/IAS* Part _____
of New York State Supreme Court at
the Courthouse, _____
County, on _____.

Present:
Hon. _____ *Justice/Referee*
-----X

-against-

Plaintiff,

Index No.:
Calendar No.:
Social Security No.:

JUDGMENT OF DIVORCE

Defendant.
-----X

EACH PARTY HAS A RIGHT TO SEEK A MODIFICATION OF THE CHILD SUPPORT ORDER UPON A SHOWING OF: (I) A SUBSTANTIAL CHANGE IN CIRCUMSTANCES; OR (II) THAT THREE YEARS HAVE PASSED SINCE THE ORDER WAS ENTERED, LAST MODIFIED OR ADJUSTED; OR (III) THERE HAS BEEN A CHANGE IN EITHER PARTY'S GROSS INCOME BY FIFTEEN PERCENT OR MORE SINCE THE ORDER WAS ENTERED, LAST MODIFIED, OR ADJUSTED; HOWEVER, IF THE PARTIES HAVE SPECIFICALLY OPTED OUT OF SUBPARAGRAPH (II) OR (III) OF THIS PARAGRAPH IN A VALIDLY EXECUTED AGREEMENT OR STIPULATION, THEN THAT BASIS TO SEEK MODIFICATION DOES NOT APPLY.

THE FOLLOWING NOTICE IS APPLICABLE OR NOT APPLICABLE

NOTICE REQUIRED WHERE PAYMENTS THROUGH SUPPORT COLLECTION UNIT

NOTE: (1) THIS ORDER OF CHILD SUPPORT 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 THIS ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. UPON APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT, AN ADJUSTED ORDER SHALL BE SENT TO THE PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THIRTY-FIVE (35) DAYS FROM THE DATE OF MAILING TO SUBMIT A WRITTEN OBJECTION TO THE COURT INDICATED ON SUCH ADJUSTED ORDER. UPON RECEIPT OF SUCH WRITTEN OBJECTION, THE

COURT SHALL SCHEDULE A HEARING AT WHICH THE PARTIES MAY BE PRESENT TO OFFER EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH THE CHILD SUPPORT STANDARDS ACT.

(2) A RECIPIENT OF FAMILY ASSISTANCE SHALL HAVE THE CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION TWO HUNDRED FORTY-B OF THE DOMESTIC RELATIONS LAW, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

9 This action was submitted to *the referee* OR *this court* for *consideration*
this ____ day of _____ OR for *inquest* on this ____ day of _____.

10 The Defendant was served *personally* OR *pursuant to court order dated*
_____ *within* OR *outside* the State of New York.

11 Plaintiff presented a *Verified Complaint and Affidavit of Plaintiff constituting the facts of the matter* OR *Summons With Notice and Affidavit of Plaintiff constituting the facts of the matter.*

12 The Defendant has *not appeared and is in default* OR *appeared and waived his or her right to answer* OR *filed an answer or amended answer withdrawing any prior pleadings and neither admitting nor denying the allegations in the complaint and consenting to the entry of judgment* OR *the parties settled the ancillary issues by* *written stipulation* OR *oral stipulation on the record dated* _____.

13 The Court accepted *written* OR *oral* proof of non-military status.

14 The Plaintiff's address is _____, and social security number is _____. The Defendant's address is _____, and social security number is _____.

15 Now on motion of _____, the *attorney for Plaintiff* OR *Plaintiff*, it is:

16 **ORDERED AND ADJUDGED** that the Referee's Report, if any, is hereby confirmed; and it is further

17 **ORDERED, ADJUDGED AND DECREED** that the application of plaintiff is hereby granted to dissolve the marriage between _____, plaintiff, and _____, defendant, by reason of:

- (a) the cruel and inhuman treatment of *Plaintiff by Defendant* OR *Defendant by Plaintiff* pursuant to D.R.L. §170(1); and/or
- (b) the abandonment of *Plaintiff* OR *Defendant* by *Plaintiff* OR *Defendant*, for a period of one or more years, pursuant to D.R.L. §170(2); and/or

- (c) the confinement of *Plaintiff* OR *Defendant* in prison for a period of three or more consecutive years after the marriage of Plaintiff and Defendant, pursuant to D.R.L. §170(3); and/or
- (d) the commission of an act of adultery by *Plaintiff* OR *Defendant*, pursuant to D.R.L. §170(4); and/or
- (e) the parties having lived separate and apart pursuant to a decree or judgment of separation dated _____ for a period of one or more years after the granting of such decree or judgment, pursuant to D.R.L. §170(5); and/or
- (f) the parties having lived separate and apart pursuant to a Separation Agreement dated _____ in compliance with the provisions of D.R.L. §170(6); and/or
- (g) the relationship between Plaintiff and Defendant has broken down irretrievably for a period of at least six months pursuant to D.R.L. §170(7); and

18 The requirements of D.R.L. §240 1(a-1) have been met and the Court having considered the results of said inquiries, it is

ORDERED AND ADJUDGED that *Plaintiff* OR *Defendant* OR *third party*, namely: _____ shall have custody of the minor child(ren) of the marriage, i.e.:

19

| <u>Name</u> | <u>Date of Birth</u> | <u>Social Security No.</u> |
|-------------|----------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

OR *There are no minor children of the marriage; and*

20

The requirements of D.R.L. §240 1 (a-1) have been met and the Court having considered the results of said inquires, it is

ORDERED AND ADJUDGED that Plaintiff OR Defendant shall have visitation with the minor child(ren) of the marriage in accordance with the parties' settlement agreement OR according to the following schedule: _____

_____ ; OR Visitation is not applicable; and it is further;

21

ORDERED AND ADJUDGED that the existing _____ County, _____ Court order(s) under Index No.._____ OR Docket No._____ as to custody OR visitation OR maintenance shall continue, and a copy of this judgment shall be served by Plaintiff OR Defendant upon the Clerk of the _____ County _____ Court within _____ days of its entry;

OR There are no court orders with regard to custody, visitation or maintenance to be continued; and it is further

22

ORDERED AND ADJUDGED that Plaintiff OR Defendant shall pay to Plaintiff OR Defendant OR third party, namely: _____, as and for the support of the parties' unemancipated children of the marriage, the sum of \$ _____ per _____, pursuant to an existing order issued by the _____ County, _____ Court, under Index OR Docket Number _____, the terms of which are hereby continued. Plaintiff OR Defendant shall serve a copy of this Judgment upon the Clerk of the _____ County, _____ Court within _____ days of its entry; OR There are no orders from other courts to be continued; and it is further

ORDERED AND ADJUDGED that :

A) Pursuant to the *agreement of the parties* the *Plaintiff* shall pay
 Court's decision *Defendant*

to *Plaintiff* the sum of \$_____ *per week*
 Defendant *bi-weekly* as and for maintenance:
 per month

payments to be made as set forth in the agreement;
 commencing on the _____ *day of* _____, _____, *and continuing until the* _____ *day of*
_____ *month* _____ *year*

Payment shall be *a direct payment,*
 by an Income Deduction Order issued simultaneously herewith;

=====OR=====

B) *that there is no award of maintenance per the court's decision;*
 that there is no request for maintenance;
and it is further;

ORDERED AND ADJUDGED that *Plaintiff* OR *Defendant* shall pay
to *Plaintiff* OR *Defendant* OR *third party, namely:* _____, as and
for the support of the parties' unemancipated child(Ren) of the marriage, namely:

| <u>Name</u> | <u>Date of Birth</u> |
|-------------|----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

the sum of \$_____ *per week* OR *bi-weekly* OR *per month*, commencing
on _____, and to be paid *directly to* *Plaintiff* OR *Defendant* OR
 third party, namely: _____, OR *through the NYS Child Support*
Processing Center, PO Box 15363, Albany, NY 12212-5363, together with such dollar amounts or
percentages for *child'care* OR *education* OR *health care* as set forth below in
accordance with *the Court's decision* OR *the parties' Settlement Agreement.* Such
Agreement is in compliance with D.R.L. §240(1-b)(h) because:

The parties have been advised of the provisions of D.R.L. Sec. 240(1-b); the unrepresented party, if any, has received a copy of the Child Support Standards Chart promulgated by the Commissioner of Social Services pursuant to Social Services Law Sec. 111-I; the basic child support obligation, as defined in D.R.L. Sec. 240(1-b), presumptively results in the correct amount of child support to be awarded, and the agreed upon amount substantially conforms to the basic support obligation attributable to the non-custodial parent;

the amount awarded is neither unjust nor inappropriate, and the Court has approved such award through the Findings of Fact and Conclusions of Law;

OR

The basic support obligation, as defined in DRL Sec. 240 (1-b), presumptively results in the correct amount of child support to be awarded, and the amount attributable to the non-custodial parent is \$_____ per _____;

the amount of child support agreed to in this action deviates from the amount attributable to the non-custodial parent, and the Court has

approved of such agreed-upon amount based upon the reasons set forth in the Findings of Fact and Conclusions of Law, which are incorporated herein by reference; and it is further

OR *This provision is not applicable*

25 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* shall pay to *Plaintiff* **OR** *Defendant* **OR** *third party, namely: _____* as and for child care expenses, pursuant to written agreement of the parties **OR** the court's decision.

OR *Not applicable*; and it is further

26 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* shall pay to *Plaintiff* **OR** *Defendant* **OR** *third party, namely: _____* as and for future reasonable health expenses, pursuant to written agreement of the parties

OR the court's decision

OR *Not applicable*; and it is further

ORDERED AND ADJUDGED that *Plaintiff* **OR** *Defendant* shall apply to the state sponsored health insurance plan for coverage for the unemancipated children of the marriage. The costs shall be allocated pursuant to written agreement of the parties **OR** the court's decision **OR** *Not applicable*; and it is further

27 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* shall pay to *Plaintiff* **OR** *Defendant* **OR** *third party, namely:* _____; education expenses of the children pursuant to written agreement of the parties **OR** the court's decision **OR** *Not applicable*; and it is further

28 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* is hereby awarded exclusive occupancy of the marital residence located at _____, together with its contents until further order of the court, **OR** as follows: _____; **OR** *Not applicable*; and it is further

29 **ORDERED AND ADJUDGED** that the Settlement Agreement entered into between the parties on the _____ day of _____, *an original* **OR** *a transcript* of which is on file with this Court and incorporated herein by reference, shall survive and shall not be merged into this judgment, and the parties are hereby directed to comply with all legally enforceable terms and conditions of said agreement as if such terms and conditions were set forth in their entirety herein, and this Court retains jurisdiction of this matter concurrently with the Family Court for the purposes of specifically enforcing such of the provisions of said Agreement as are capable of specific enforcement to the extent permitted by law with regard to maintenance, child support, custody and/or visitation, and of making such further judgment as it finds appropriate under the circumstances existing at the time application for that purpose is made to it, or both; and it is further

30 **ORDERED AND ADJUDGED** that a separate Qualified Medical Child Support Order shall be issued simultaneously herewith **OR** Not applicable; and it is further

31 **ORDERED AND ADJUDGED** that, pursuant to the *parties' Settlement Agreement* **OR** *the court's decision*, a separate Qualified Domestic Relations Order shall be issued simultaneously herewith or as soon as practicable **OR** *Not applicable*; and it is further

32 **ORDERED AND ADJUDGED** that, *pursuant to the Court's decision* **OR** *pursuant to the parties' agreement*, the Court shall issue an income deduction order simultaneously herewith **OR** *Not applicable*; and it is further

33 **ORDERED AND ADJUDGED** that both parties are authorized to resume the use of any prior surname, and it is further

34 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* is authorized to resume use of the prior surname _____.

35 **ORDERED AND ADJUDGED** that *Plaintiff* **OR** *Defendant* is hereby awarded counsel and/or expert's fees as follows:

_____ **OR** *Not applicable*; and it is further

36

ORDERED AND ADJUDGED that *Plaintiff* **OR** *Defendant* shall be served with a copy of this judgment, with notice of entry, by the *Plaintiff* **OR** *Defendant*, within _____ days of such entry.

37

Dated:

ENTER:

J.S.C./Referee

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

-----X

Plaintiff,

Index No. _____

-against-

**PART 130
CERTIFICATION**

Defendant.

-----X

CERTIFICATION: I hereby certify that all of the papers that I have served, filed or submitted to the court in this divorce action are not frivolous as defined in subsection (c) of Section 130-1.1 of the Rules of the Chief Administrator of the Courts.

Dated: _____

SIGNATURE

Print or type name below signature

UNCONTESTED MATRIMONIAL REQUEST FOR JUDICIAL INTERVENTION

UD-13
(rev. 5/2011)

_____ COURT, _____ COUNTY

Index No: _____ Date Index Issued: ____/____/____

| For Court Clerk Use Only: |
|---------------------------|
| IAS Entry Date |
| |
| Judge Assigned |
| |
| RJI Date |
| |

CAPTION: Enter the complete case caption. Do not use et al or et and.

Plaintiff

-against-

Defendant

STATUS OF ACTION OR PROCEEDING: Answer YES or NO, and provide additional information where indicated.

| | YES | NO | |
|---|--------------------------|--------------------------|--|
| Has a summons been filed? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, date filed: ____/____/____ |
| Has a summons been served? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, date served: ____/____/____ |
| Are there children of the marriage under the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, complete and attach the MATRIMONIAL RJI Addendum (UCS-840M) . |

NATURE OF JUDICIAL INTERVENTION: EX PARTE APPLICATION FOR THE DISSOLUTION OF MARRIAGE

ADDITIONAL RELIEF: Check all that apply

Poor Person Application

Application for Alternate Service

Other (specify): _____

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

| Un-Rep | Parties | Attorneys | Issue Joined (Y/N): |
|--------------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> | Name: Role: PLAINTIFF | Provide attorney name, firm name, business address, phone number and e-mail address. | N/A |
| <input type="checkbox"/> | Name: Role: DEFENDANT | Provide attorney name, firm name, business address, phone number and e-mail address. | <input type="checkbox"/> YES <input type="checkbox"/> NO |

RELATED CASES: List any related cases, include any related criminal and/or Family Court cases.

| Case Title | Index/Case No. | Court | Judge (if assigned) | Relationship to Instant Case |
|------------|----------------|-------|---------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: ____/____/____

_____ SIGNATURE

_____ ATTORNEY REGISTRATION NUMBER

_____ PRINT OR TYPE NAME

MATRIMONIAL Request for Judicial Intervention Addendum

Supreme _____ COURT, COUNTY OF _____ INDEX NO. _____

For use when there are children under the age of 18 who are subject to the matrimonial action.

Plaintiff

Last Name: _____ First Name: _____ Date of Birth: _____

Gender: Male Female

Prior Names (List any other names used, including maiden and/or former married names):

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Present Address: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)
New York

Address History for past 3 years: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

Defendant

Last Name: _____ First Name: _____ Date of Birth: _____

Gender: Male Female

Prior Names (List any other names used, including maiden and/or former married names):

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Present Address: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)
New York

Address History for past 3 years: _____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip)

Children

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: M F

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

Index No.: _____

Plaintiff.

-against-

NOTICE OF ENTRY

Defendant.

-----X

PLEASE TAKE NOTICE that the attached is a true copy of a judgment of divorce in
this matter that was entered in the Office of the County Clerk of _____ County, on the
____ day of _____.

Dated: _____

Plaintiff OR Attorney(s) for Plaintiff

Address

TO:

Defendant OR Attorney for Defendant

Address

LOCAL INDEX NUMBER

STATE FILE NUMBER

New York State Department of Health CERTIFICATE OF DISSOLUTION OF MARRIAGE

TYPE, OR PRINT IN PERMANENT BLACK INK

4

Form section for the first spouse (Wife/Husband/Spouse) including fields for name, birth date, state of birth, sex, residence, and social security number.

9

Form section for the second spouse (Wife/Husband/Spouse) including fields for name, birth date, state of birth, sex, residence, and social security number.

11

Form section for marriage details including place of marriage, county, state, date of marriage, and number of children.

15

Form section for the decree including date of dissolution, date of entry, county of decree, and title of court.

23

Form section for the signature of the county clerk.

CONFIDENTIAL INFORMATION

24

Form section for confidential information (24) including race, number of marriages, and education levels for the first spouse.

25

Form section for confidential information (25) including race, number of marriages, and education levels for the second spouse.

QR

Form section for legal grounds (QR) including plaintiff, decree granted to, and legal grounds for decree.

QS

Form section for signature (QS) of the person preparing the certificate and the attorney at law.

NOTE: Social Security Numbers of the parties to the marriage are mandatory. They are required by New York State Public Health Law Section 4139 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

SUPREME COURT : COUNTY OF _____

_____ vs. _____ Index No. _____

- Submitted divorce papers insufficient. Please go to the Court Clerk's Office to review papers for corrections and bring new self-addressed stamped post card.
- Judgment of Divorce signed _____. You may go to the County Clerk's Office to obtain a certified copy of the judgment.
- Judgment of Divorce signed. Please call _____ for instructions on how to retrieve your papers for filing with the County Clerk's Office.

Post Card - Matrimonial Action.

Instructions: Complete, affix postage and give to Matrimonial Clerk with divorce papers.
Be sure to indicate your name and address on the reverse side of the post card.

CHILD SUPPORT SUMMARY FORM
SUPREME COURT

COMPLETE FORM FOR EACH BASIC CHILD SUPPORT OBLIGATION ORDER¹

- A. Court: Supreme
- B. County: _____
- C. Index #: _____
- D. Date Action Commenced:
_____ / _____ / _____
- E. Date Judgment/Order Submitted or Signed:
_____ / _____ / _____
- F. # Of Children Subject to Child Support Order:

- G. Annual Gross Income:
1. Plaintiff: \$ _____ Defendant: \$ _____
- H. Amount of Child Support Payment:
1. By Plaintiff: \$ _____ annually 2. By Defendant: \$ _____ annually
- I. Additional Child Support:
(Circle as many as appropriate)
By Plaintiff: By Defendant:
1. Medical/Med. Ins. 1. Medical/Med. Ins.
2. Child Care 2. Child Care
3. Education 3. Education
4. Other 4. Other
- J. Did the court make a finding that the child support award varied from the Child Support Standards Act amount? (Circle one)
1. Yes 2. No

- K. If answer to "J" was yes, circle court's reason(s):
- 1. Financial resources of parents/child.
- 2. Physical/emotional health of child: special needs or aptitudes.
- 3. Child's expected standard of living had household remained intact.
- 4. Tax consequences.
- 5. Non-monetary contribution toward care and well-being of child.
- 6. Educational needs of either parent.
- 7. Substantial differences in gross income of parents.
- 8. Needs of other children of non-custodial parent.
- 9. Extraordinary visitation expenses of non-custodial parent.
- 10. Other (specify):

- L. Maintenance/Spousal Support: (Circle one)
1. None 2. By Plaintiff 3. By Defendant

M. Value of Maintenance/Spousal Support:
\$ _____ annually

SUPREME COURT ONLY

N. Allocation of Property:
_____ % To Plaintiff _____ % To Defendant

¹ Defined by FCA 413(2) and DRL §240(1-b)(b)(2): "Child Support" shall mean a sum to be paid pursuant to court order or decree by either or both parents or pursuant to a valid agreement between the parties for care, maintenance and education of any unemancipated child under the age of twenty-one years.

NEW YORK STATE UNIFIED COURT SYSTEM
SUPPORT SUMMARY FORM: FAMILY & SUPREME COURT

INSTRUCTION SHEET

Prepare one report for each proposed judgment or final order granted pursuant to Article 4 or 5 of the Family Court Act and DRL §240 and §236 B(9)(b) which includes a provision for child support (including modification of order).

SUBMIT COMPLETED FORM TO:

Office of Court Administration
Office of Court Research
25 Beaver Street, Room 975
New York, New York 10004

GENERAL INSTRUCTIONS: → **ALL ITEMS MUST BE ANSWERED**

- If a number or amount in dollars is required and the answer is none, write 0.
- If a certain item is not applicable, write NA.
- If the information is unknown or not known to the party filling out the form, write UK.
- “mm/dd/yy” means “month/day/year”.

SPECIAL INSTRUCTIONS FOR PARTICULAR ITEMS:

- G. Use gross income figures from the last complete calendar year. Do not include maintenance or child support as income.
- H. If the child support award is calculated weekly, multiply it by 52 for the annual amount; if biweekly, multiply it by 26, if monthly, multiply it by 12.
- M. If the maintenance award is calculated weekly, multiply it by 52 for the annual amount; if biweekly, multiply it by 26; if monthly, multiply it by 12. If the maintenance award calls for decreasing or increasing amounts (for example, a certain amount for five years and half that amount for another three years), then provide the average of the awards (total amount for all years divided by the number of years).

NOTE: THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY. IT WILL NOT BE RETAINED IN THE CASE FILE.

IMPORTANT NOTICE TO COURT CLERKS FOR ALL NON-IV-D ORDERS: THIS FORM, RATHER THAN THE CHILD SUPPORT ORDER, SHOULD BE MAILED BY THE COURT TO THE STATE CASE REGISTRY, PO BOX 15101, ALBANY, NY 12212-5101

New York State Case Registry Filing Form

For Use With Child Support Orders and Combined Child and Spousal Support Orders Payable To Other Than A Child Support Collection Unit*

* Domestic Relations Law § 240(5) and Family Court Act § 440(5) direct that such orders be promptly provided to the State Case Registry. The Office of Temporary and Disability Assistance has indicated that the information sought on this form satisfies the requirement to maintain a record of the order pursuant to Social Services Law § 111-b(4-a)(a)(2) and no order is to be filed unless specifically requested.

Note: Full Social Security Numbers are required on this form. Redaction is not allowed.

Name of Court: _____ County Name: _____ Index/Docket No: _____
 Child Support

Payor: _____ Social Security #: _____ Date of Birth: _____
 (first) (last) (middle initial) (Payor)

Child Support Payee: _____ Social Security #: _____ Date of Birth: _____
 (first) (last) (middle initial) (Payee)

Child #1 Name: _____ Social Security #: _____ Date of Birth: _____
 (first) (last) (middle initial) (Child #1)

Child #2 Name: _____ Social Security #: _____ Date of Birth: _____
 (first) (last) (middle initial) (Child #2)

Child #3 Name: _____ Social Security #: _____ Date of Birth: _____
 (first) (last) (middle initial) (Child #3)

(If more children, please use additional form.)

The order expires on: the youngest child's 21st birthday or (MM/DD/YYYY).

FAMILY VIOLENCE INQUIRY

Has a Temporary or Final Order of Protection been granted on behalf of either party? yes no do not know

If yes, which party - Payor Payee

Has a request for confidentiality of address been granted on behalf of either party? yes no

If yes, which party - Payor Payee

**SUPPLEMENTAL
APPENDIX
OF
FORMS**

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2
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4
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7
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9

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

-----X

Plaintiff,

Index No. _____

-against-

**NOTICE OF
SETTLEMENT**

Defendant.

-----X

PLEASE TAKE NOTICE that the annexed *Proposed Judgment of Divorce*,
OR *Qualified Medical Child Support Order*, **OR** *Order*: _____
of which the within is a true copy, will be presented for signature to the Supreme Court
Clerk's Office, at _____, on

Dated: _____

Yours, etc.

 Plaintiff; *Attorney(s) for Plaintiff*
 Defendant; *Attorney(s) for Defendant*

Address: _____

Tel No. _____

TO: _____

Plaintiff; *Attorney(s) for Plaintiff*
 Defendant; *Attorney(s) for Defendant*

Address: _____

Tel No. _____

At the Supreme Court of the State of
New York, held in and for the County
of _____ at the County
Courthouse at _____, New
York, on the ___ day of _____

1
2
3

PRESENT: HON. _____
Justice of the Supreme Court

-----X
In the Matter of the Application of

Index No.: _____

6

_____,
Plaintiff,
For Permission to Prosecute an Action as a Poor Person
-against-

POOR PERSON ORDER

7

_____,
Defendant.
-----X

8

Upon the annexed affidavit of _____,

9

And it being alleged that said Plaintiff _____ has a good cause of
action or claim based upon **DRL § 170 subd. ____ - _____, and that
he/she is unable to pay the costs, fees and expenses to prosecute this action, and that there is no other
person beneficially interested in the action, thereof

11

NOW on motion of _____, Plaintiff, it is hereby

12

ORDERED that _____ is permitted to prosecute this action as a poor

13

person against _____ and it is further

ORDERED that any recovery by Judgment or Settlement in favor of Plaintiff shall be paid to
the Clerk of the Court to await distribution pursuant to court order, and it is further

ORDERED that the Clerk of this Court is directed to make no charge for costs or fees in
connection with the prosecution of this action, including one (1) certified copy of the judgment.

ENTER:

14

J.S.C.

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison

DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

- 12** 6. No other person is beneficially interested in the recovery sought herein.
- 13** 7. No previous application for the same or similar relief has been made by me in this case except: _____

WHEREFORE, I respectfully ask for an order permitting me to prosecute an action as a poor person.

The foregoing statements have been carefully read by the undersigned who states that they are true and correct.

14

Plaintiff

Subscribed and sworn to
before me on

NOTARY PUBLIC

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment

DRL §170(2) - abandonment

DRL §170(3) - confinement in prison

DRL §170(4) - adultery

DRL §170(5) - living apart one year after separation decree or judgment of separation

DRL §170(6) - living apart one year after execution of a separation agreement

DRL §170(7) - irretrievable breakdown in relationship

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION IWO

Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory: _____ Remittance Identifier (include w/payment): _____
 City/County/Dist./Tribe: _____ Order Identifier: _____
 Private Individual/Entity: _____ New York Case Identifier: _____

| | | |
|--|---|---|
| Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ | RE: | Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Address _____ _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ Custodial Party/Obligee's Address _____ _____ Custodial Party/Obligee's Social Security Number _____ |
| Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ | Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |

ORDER INFORMATION: This document is based on the support or withholding order issued from the Supreme or Family Court of New York, _____ County. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ Per _____ current child support
 \$ _____ Per _____ past-due child support - **Arrears greater than 12 weeks?** Yes No
 \$ _____ Per _____ current cash medical support
 \$ _____ Per _____ past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (must specify) _____
 for a Total Amount to Withhold of \$ _____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the **ORDER INFORMATION**. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period
 \$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking Identifier _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, see **Withholding Limits**. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Include the pay date, custodial party/obligee's name, address, social security number, employee/obligor's name, address, and social security number on the payment.

Make payments payable in the name of the custodial party/obligee identified on page 1.

Remit payment to: NYS Child Support Processing Center (SDU) at PO Box 15365, Albany, NY12212-5365

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____

Print Name of Judge/Issuing Official: _____

Title of Judge/Issuing Official: _____

Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income [42 USC §666(b)(7)]. If a Federal tax levy is in effect, please notify the sender. See **CONTACT INFORMATION**.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment by identifying the pay date, the Remittance Identifier, and the other required remittance information. See **REMITTANCE INFORMATION**.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: if this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method. In New York State, withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total.

Lump Sum Payments: You are required to notify the sender of lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to report and/or withhold lump sum payments. See **CONTACT INFORMATION**.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld, together with interest and reasonable attorney's fees.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 U.S.C. §1673(b)]; or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see **REMITTANCE INFORMATION**). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under §303(d) of the CCPA [15 U.S.C. §1673 (b)].

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits. In New York State priority of withholding pursuant to CPLR §5241 (h) is current support, health insurance premiums, and then arrears payments including the additional amount.

Arrears greater than 12 weeks? If the **ORDER INFORMATION** does not indicate that the arrears are greater than 12 weeks, then you should calculate the CCPA limit using the lower percentage.

Additional Information: 1) If this IWO has been issued by a Court (see first page and signature box on second page), a copy of the underlying order need NOT be attached even if the IWO is served by/received from a private individual or attorney acting on the Court's instructions. For questions concerning this instruction, see **Child Support Resources** at <http://www.nycourts.gov/divorce/> for additional information. 2) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

| | |
|--|--|
| NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the sender by returning this form to the address listed in the CONTACT INFORMATION below and you must notify the custodial party: | |
| <input type="checkbox"/> | This person has never worked for this employer nor received periodic income. |
| <input type="checkbox"/> | This person no longer works for this employer nor receives periodic income. |
| Please provide the following information for the employee/obligor: | |
| Termination date: _____ | Last known phone number: _____ |
| Last known address: _____ | |
| _____ | |
| Final payment date to SDU/ Tribal Payee: _____ | Final payment amount: _____ |
| New employer's name: _____ | |
| New employer's address: _____ | |
| _____ | |

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.
Send termination/income status notice and other correspondence to _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor

NOTE: Grayed out areas of this form are **NOT** applicable to spousal support only.

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION IWO

Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory: _____ Remittance Identifier (include w/payment): _____
 City/County/Dist./Tribe: _____ Order Identifier: _____
 Private Individual/Entity: _____ New York Case Identifier: _____

| | |
|--|---|
| Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ | RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Address _____ _____ Employee/Obligor's Social Security Number _____ Custodial Party Obligee's Name (Last, First, Middle) _____ Custodial Party Obligee's Address _____ _____ Custodial Party Obligee's Social Security Number _____ |
| Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ | Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____ |

ORDER INFORMATION: This document is based on the support or withholding order issued from the Supreme or Family Court of New York, _____ County. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

| | | |
|----------|-----------|--|
| \$ _____ | Per _____ | current child support |
| \$ _____ | Per _____ | past-due child support - Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| \$ _____ | Per _____ | current cash medical support |
| \$ _____ | Per _____ | past-due cash medical support |
| \$ _____ | Per _____ | current spousal support |
| \$ _____ | Per _____ | past-due spousal support |
| \$ _____ | Per _____ | other (must specify) _____ |

for a Total Amount to Withhold of \$ _____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the **ORDER INFORMATION**. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:
 \$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period
Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, see **Withholding Limits**. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Include the pay date, obligee's name, address, social security number, employee/obligor's name, address, and social security number on the payment.

Make payments payable in the name of the obligee identified on page 1.

Remit payment to: Obligee's address identified on page 1.

Return to Sender (Completed by Employer/Income Withholder): Payment must be directed to an SDU in accordance with 42 USC §666(b)(6) and (b)(7) or Tribal Payee (See Payments to SDU below). If payment is not directed to a SDU/Tribal Payee on this IWO it is not regular or periodic; you must check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
Print Name of Judge/Issuing Official: _____
Title of Judge/Issuing Official: _____
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income [42 USC §666(b)(7)]. If a Federal tax levy is in effect, please notify the sender. See **CONTACT INFORMATION**.

Combining Payments: When making payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment by identifying the pay date, the Remittance Identifier, and the other required remittance information. See **REMITTANCE INFORMATION**.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., to the custodial party, parent, or attorney), you must check the box above and return this notice to the sender. Exception: if this IWO was sent by a Court Attorney or Private Individual entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method. In New York State, withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total.

Lump Sum Payments: You are required to notify the sender of lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to report and/or withhold lump sum payments. See **CONTACT INFORMATION**.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld, together with interest and reasonable attorney's fees.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 U.S.C. §1673(b)]; or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see **REMITTANCE INFORMATION**). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under §303(d) of the CCPA [15 U.S.C. §1673 (b)].

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits. In New York State priority of withholding pursuant to CPLR §5241 (h) is current support, health insurance premiums, and then arrears payments including the additional amount.

Arrears greater than 12 weeks? If the **ORDER INFORMATION** does not indicate that the arrears are greater than 12 weeks, then you should calculate the CCPA limit using the lower percentage.

Additional Information: 1) If this IWO has been issued by a Court (see first page and signature box on second page), a copy of the underlying order need NOT be attached even if the IWO is served by/received from a private individual or attorney acting on the Court's instructions. For questions concerning this instruction, see **Child Support Resources** at <http://www.nycourts.gov/divorce/> for additional information. 2) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the sender by returning this form to the address listed in the **CONTACT INFORMATION** below and you must notify the custodial party:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to Obligee ~~or Tribal Payee~~: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.

Send termination/income status notice and other correspondence to _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor

INCOME WITHHOLDING FOR SUPPORT

IWO Form Non-IV-D b
(August, 2012)

- 1a ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- 1b AMENDED
- 1c ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- 1d TERMINATION IWO

Date: 1e _____

1f Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [http:// www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf](http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf)). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory: 1g _____ Remittance Identifier (include w/payment): 1h _____
 20 City/County/Dist./Tribe: 1i _____ Order Identifier: 1j _____
 Private Individual/Entity: 1k _____ New York Case Identifier: 1l _____

| | |
|--|--|
| <p>2a _____ Employer/Income Withholder's Name</p> <p>2b _____ Employer/Income Withholder's Address</p> <p>2c _____ Employer/Income Withholder's FEIN</p> | <p>RE: 3a _____ Employee/Obligor's Name (Last, First, Middle)</p> <p>_____ Employee/Obligor's Address</p> <p>_____ Employee/Obligor's Social Security Number</p> <p>3c _____ Custodial Party/Obligee's Name (Last, First, Middle)</p> <p>_____ Custodial Party/Obligee's Address</p> <p>_____ Custodial Party/Obligee's Social Security Number</p> |
| <p>Child(ren)'s Name(s) (Last, First, Middle)</p> <p><u>3d</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Child(ren)'s Birth Date(s)</p> <p><u>3e</u> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <div style="border: 1px solid black; width: 200px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> <p>3f</p> </div> | |

ORDER INFORMATION: This document is based on the support or withholding order issued from the Supreme or Family Court of New York, 4 County. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 5a Per 5b current child support
 \$ 6a Per 6b past-due child support - **Arrears greater than 12 weeks?** Yes No **6c**
 \$ 7a Per 7b current cash medical support
 \$ 8a Per 8b past-due cash medical support
 \$ 9a Per 9b current spousal support
 \$ 10a Per 10b past-due spousal support
 \$ 11a Per 11b other (must specify) 11c
 for a Total Amount to Withhold of \$ 12a per 12b

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the **ORDER INFORMATION**. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:
 \$ 13a per weekly pay period \$ 13b per semimonthly pay period (twice a month)
 \$ 13c per biweekly pay period (every two weeks) \$ 13d per monthly pay period
 \$ 14 **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking Identifier 21 _____

OMB 0970-0154

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is New York State, you must begin withholding no later than the first pay period that occurs 14 days after the date of service of this notice. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, see **Withholding Limits**. If the employee/obligor's principal place of employment is not New York State, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Include the pay date, custodial party/obligee's name, address, social security number, employee/obligor's name, address, and social security number on the payment.

Make payments payable in the name of the custodial party/obligee identified on page 1.

Remit payment to: (See Form 4-9d Non-IV-D Income Withholding Order/Notice for Support: Additional Information)

- 25 **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

| | |
|---|----------------|
| Signature of Judge/Issuing Official (if required by State or Tribal law): | _____ 26 _____ |
| Print Name of Judge/Issuing Official: | _____ 27 _____ |
| Title of Judge/Issuing Official: | _____ 28 _____ |
| Date of Signature: | _____ 29 _____ |

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

- 30 If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income [42 USC §666(b)(7)]. If a Federal tax levy is in effect, please notify the sender. See **CONTACT INFORMATION**.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment by identifying the pay date, the Remittance Identifier, and the other required remittance information. See **REMITTANCE INFORMATION**.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: if this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method. In New York State, withhold the maximum amount permitted thereby and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total.

Lump Sum Payments: You are required to notify the sender of lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to report and/or withhold lump sum payments. See **CONTACT INFORMATION**.

- 31 **Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you comply with this IWO you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld, together with interest and reasonable attorney's fees.

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In **32** New York State, pursuant to CPLR §5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 U.S.C. §1673(b)]; or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see **REMITTANCE INFORMATION**). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits **19** increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under §303(d) of the CCPA [15 U.S.C. §1673 (b)].

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits. In New York State priority of withholding pursuant to CPLR §5241 (h) is current support, health insurance premiums, and then arrears payments including the additional amount.

Arrears greater than 12 weeks? If the **ORDER INFORMATION** does not indicate that the arrears are greater than 12 weeks, then you should calculate the CCPA limit using the lower percentage.

33 Additional Information: 1) If this IWO has been issued by a Court (see first page and signature box on second page), a copy of the underlying order need NOT be attached even if the IWO is served by/received from a private individual or attorney acting on the Court's instructions. For questions concerning this instruction, see Child Support Resources at <http://www.nycourts.gov/divorce/> for additional information. 2) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect.

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the sender by returning this form to the address listed in the **CONTACT INFORMATION** below and you must notify the custodial party:

34aThis person has never worked for this employer nor received periodic income.

34bThis person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: **35** _____ Last known phone number: **36** _____

Last known address: **37** _____

Final payment date to SDU/ Tribal Payee: **38** _____ Final payment amount: **39** _____

New employer's name: **40** _____

New employer's address: **41** _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact **42** _____ (Issuer name) by phone at **43** _____, by fax at **44** _____, by email or website at **45** _____.

Send termination/income status notice and other correspondence to **46** _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact **47** _____ (Issuer name) by phone at **48** _____, by fax at **49** _____, by email or website at **50** _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

***NEW YORK STATE
UNIFIED COURT SYSTEM***



***UNIFORM
UNCONTESTED DIVORCE PACKET***

***FILING INSTRUCTIONS
& GLOSSARY***

Revised - 1/2012

FOREWORD

THIS DIVORCE PACKET MAY NOT BE FOR YOU

1. Individuals who seek a divorce are often represented by an attorney. This packet is designed so that you may be able to represent yourself and complete your divorce without an attorney.
2. This packet is intended for use only by a person who believes that his or her divorce will be uncontested.

WHAT IS AN UNCONTESTED DIVORCE?

An *uncontested divorce* occurs when: (a) there are no disagreements between you and your spouse over any financial or divorce-related issues (i.e., child custody and support, division of marital property or spousal support); and (b) your spouse either agrees to the divorce, or fails to appear in the divorce action.

You may sue for divorce thinking that the proceeding will be uncontested, but discover later that your spouse has decided to contest ("fight") the case. If this occurs, you may wish to consult an attorney, or you may proceed on your own without an attorney. In either situation, this packet should not be used. Many of the forms in the packet apply only to cases where your spouse either (1) consents to a divorce; or (2) where your spouse does not appear to oppose the divorce.

☛ If you decide to use this packet and to represent yourself:

- You will not have the benefit of an attorney's expertise and advice concerning issues related to divorce proceedings, including, for example, division of marital property, liability for joint debts, child custody and support, spousal maintenance, insurance benefits, and orders of protection or enforcement of the provisions of the divorce judgment that deal with these issues.
- You may risk losing certain rights stemming from the marital relationship that are not readily apparent to a person who is not an attorney.

Example: If your spouse is entitled to a pension at his or her job and if you do not seek your share of it in your divorce proceeding, you may lose your right to claim a share of it in the future.

In addition, if you do not know where your spouse is and you are unable to have the divorce summons served upon him or her personally, there may be alternative methods of service for which you may need the services of an attorney. If you are unsure, after reading the instructions, whether you have grounds for divorce or whether you meet the residency requirements, you may need the services of an attorney. The same is also true if you already have a foreign divorce (one granted outside the State of New York), if there is another matrimonial action pending or if you are under the age of 18 years. You should consult with an attorney in any of these circumstances *before* using the procedures outlined in this packet.

If you decide you need an attorney and you do not know of one, you should contact your local bar association for a referral to a matrimonial attorney. In addition, the New York State Bar Association provides a lawyers' referral service for individuals seeking attorneys in a variety of areas, among them matrimonial law. The State Bar Association's toll-free telephone number is 1-800-342-3661. If you meet certain financial and other eligibility requirements, you may be able to obtain advice or representation from your local legal aid organization.

Employees of the New York State Courts are not allowed to give legal advice, although they will certainly assist you with informational requests concerning the processing of papers.

**INTRODUCTION TO
UNCONTESTED DIVORCE WITH CHILDREN INSTRUCTIONS (Rev. 8/12)**

**WHAT YOU NEED TO KNOW
BEFORE STARTING YOUR DIVORCE ACTION**

Important Note Before you Begin

If you want to stay out of court and you have parenting or economic issues to work out with your spouse, in appropriate cases where there is no domestic violence or abuse, you may want to consider divorce mediation or collaborative law. These processes can improve communication and reduce the cost, stress, and trauma of divorce.

Visit www.nycourts.gov/adr for more information.

This section will outline:

- The “basics”: the important things you will need to know before starting your divorce action. (See pages 1-5)
- The schedule of filing fees for an uncontested divorce. (See page 5)
- The documents and papers needed to obtain an uncontested divorce. (See page 6)
- The instructions for starting the action. (See pages 7-11)
- The instructions for filing the action with the court and placing the case on the court’s calendar. (See pages 10-12)

THE BASICS

There are two requirements that must be met before you can file for a divorce in New York State:

1. You must satisfy the residency requirements as set forth in Domestic Relations Law Section 230. The Domestic Relations Law is the law that governs divorces in New York State.

AND

2. You must satisfy one of the grounds for divorce set forth in Domestic Relations Law Section 170. Note that New York State law was amended effective October 12, 2010 to add a seventh ground for divorce commonly known as “no-fault divorce.” See Grounds For Divorce on the next page.

RESIDENCY

To file for a divorce in New York you must satisfy **one** of the following residency requirements:

1. You or your spouse must have been living in New York State for a continuous period of at least two years immediately before the date you start your divorce action; **OR**
2. You or your spouse must have been living in New York State on the date you start your divorce action and for a continuous period of at least one year immediately before the date you start the divorce action, **and at least one of the following must also be true:**
 - a) Your marriage ceremony was performed in New York State; **OR**
 - b) You lived in New York State with your spouse as married persons; **OR**
3. You or your spouse must have been living in New York State for a continuous period of at least one year immediately before the date you start your divorce action and your grounds for divorce must have happened in New York State. (“Grounds” means a legal reason for the divorce); **OR**
4. You and your spouse must be residents of New York State (no matter how long) on the date you start your divorce action, and your grounds for divorce must have happened in New York State. (“Grounds” means a legal reason for the divorce).

DEFINITION OF PLAINTIFF AND DEFENDANT

Where you are the person seeking the divorce, you are the Plaintiff and your spouse is called the Defendant.

GROUND FOR DIVORCE

In order to file for a divorce in New York State you must have a ground (a legally acceptable reason) for the granting of a divorce by the New York courts. The seven legally acceptable reasons, or grounds for divorce, in New York are described in Domestic Relations Law §170. Listed with the most recently enacted no-fault divorce ground first and then following the order listed in the Domestic Relations Law, they are:

- DRL §170 (7) irretrievable breakdown in relationship for a period at least six months (commonly known as “no-fault divorce”);
- DRL §170 (1) cruel and inhuman treatment;
- DRL §170 (2) abandonment;
- DRL §170 (3) imprisonment;
- DRL §170 (4) adultery;
- DRL §170 (5) living separate and apart pursuant to a separation judgment or decree;
- DRL §170 (6) living separate and apart pursuant to a separation agreement.

**THE NEWEST GROUND: COMMONLY CALLED "NO-FAULT DIVORCE"
IRRETRIEVABLE BREAKDOWN IN RELATIONSHIP DRL §170 (7)**

- To get a divorce on this ground, your relationship with the Defendant must have broken down irretrievably (so that it is impossible to repair or reconcile) for a period of at least six months.
- **This type of divorce is not automatic even though it is commonly called "no-fault divorce." The court will not grant you a divorce based on this ground unless and until:**
 - a) one of the parties has sworn under oath that the relationship has broken down irretrievably for a period of at least six months; **AND**
 - b) you and your spouse have either resolved all the economic issues of distribution of property, spousal support, child support, and counsel and/or experts fees and expenses, and the custody and visitation with the minor children of the marriage **OR** these issues have been decided by the court and incorporated into the final judgment of divorce.

THE OTHER GROUNDS LISTED IN THE DOMESTIC RELATIONS LAW

CRUEL AND INHUMAN TREATMENT DRL §170 (1)

- The treatment of the Plaintiff by the Defendant must rise to the level that the physical or mental well being of the Plaintiff is endangered and making it unsafe or improper for the Plaintiff to continue living with the Defendant.
- You cannot obtain a divorce on this ground simply because you have arguments or because of an isolated act in an otherwise long and peaceful marriage.
- If all or some of the acts occurred more than five years ago and your spouse opposes the divorce, your case may be dismissed.
- In describing the specific acts of cruelty, you must be clear and to the point. You must supply the court with details like dates and places. If you do not remember the exact date, use the words "on or about".
- After describing the acts of cruelty you should conclude with the following language: "The conduct of the Defendant was cruel and inhuman and so endangered the physical or mental well being of the Plaintiff as to render it unsafe or improper for the Plaintiff to cohabit with the Defendant."

ABANDONMENT DRL §170 (2)

- An action for divorce may be maintained where the Defendant abandons the Plaintiff for a period of one year or longer prior to commencing the action and continuing to the present.
- Abandonment may take the form of your spouse physically departing your marital home without any intention of returning for a period of one year or longer prior to commencing the action, and continuing to the present, without any good reason for doing so and without your consent.
- Another form of abandonment is called constructive abandonment, which involves one spouse's refusal to engage in sexual relations with the other spouse continuously for one year or longer prior to commencing the action, and continuing to the present, without consent, good cause or justification and despite your repeated requests.
- Another form of abandonment is called a lock out, which involves one spouse's refusal to allow the other spouse into the home continuously for more than one year prior to commencing the action and continuing to the present.

IMPRISONMENT DRL §170 (3)

- An action for divorce may be maintained by Plaintiff only where the Defendant is imprisoned for a period of at least three consecutive years. The imprisonment must have commenced after the date of the marriage. If your spouse was released more than five years ago and your spouse opposes the divorce, your case may be dismissed.

ADULTERY DRL §170 (4)

- An action for divorce may be maintained based on adultery, which is an act of sexual or deviate sexual intercourse voluntarily performed by the Defendant with a person other than his or her spouse during the course of the marriage.
- The ground of adultery can be difficult and expensive to prove because the testimony of the Plaintiff is not enough and other evidentiary requirements must be satisfied (the Defendant's admission is not enough). A corroborating affidavit of a 3rd party witness or other proof should be attached to the papers you submit to the court. You should keep in mind that acts of adultery may qualify as acts of cruelty and entitle you to maintain a divorce action on the grounds of cruel and inhuman treatment.
- Note: if you found out about the adultery more than five years ago and your spouse opposes the divorce, your case may be dismissed.

CONVERSION OF A JUDGMENT OF SEPARATION DRL §170 (5)

- This ground is not used often. It involves a judgment of separation of the Supreme Court.
- To maintain a divorce action the parties are required to live separate and apart. They must satisfy the terms of the judgment of separation for more than one year after the judgment was granted.

CONVERSION OF A WRITTEN SEPARATION AGREEMENT DRL §170 (6)

- A separation agreement is an agreement between the spouses that sets forth the terms and conditions by which the parties will live apart. The agreement must be signed by the parties before a notary and filed with the County Clerk in the county where one of the parties resides.
- If you and your spouse have lived apart for more than one year according to the terms and conditions of a properly executed separation agreement, you may maintain an action for divorce. It may be advisable to consult an attorney regarding this ground for divorce.

After you have determined that you have met the requirements for residency and grounds for divorce, you may use the forms in this packet to file for a divorce. The instructions in this packet will help you in completing these forms, starting your action and satisfying the other requirements for obtaining a divorce.

SCHEDULE OF FILING FEES

- Index Number - \$ 210.
- Note of Issue - \$ 125 or \$ 30.
- Request for Judicial Intervention - \$ 95 or no fee.
- **Note: \$125 is the total fee for the Note of Issue plus the Request for Judicial Intervention. Please check with your county.**
- Certificate of Dissolution - Check with your local County Clerk's Office
- Certified Copy of Judgment - Approx. \$ 4. - \$ 10.

Check with the County Clerk's Office regarding acceptable forms of payment.

POOR PERSON STATUS

Where an individual lacks the financial resources to pay the costs associated with a divorce action, an application may be made to have these fees waived or forgiven by the court. The Supplemental Appendix of Forms in this booklet (beginning at page 35) contains instructions on how to complete the forms that are required to apply to have the fees waived.

THE PAPERS NEEDED TO OBTAIN AN UNCONTESTED DIVORCE IN NEW YORK STATE:

- Notice of Automatic Orders
- Notice Concerning Continuation of Health Care Coverage
- 1) Summons With Notice (Form UD-1) OR 1a) Summons (to be served with Verified Complaint) (Form UD-1a)
- 2) Verified Complaint (Form UD-2)
- 3) Affidavit of Service (Form UD-3)
- 4) Sworn Statement of Removal of Barriers to Remarriage (Form UD-4) and Affidavit of Service (Form UD-4a)
- 5) Affirmation (Affidavit) of Regularity (Form UD-5)
- 6) Affidavit of Plaintiff (Form UD-6)
- 7) Affidavit of Defendant (Form UD-7)
- 8) Child Support Worksheet (Form UD-8)
- 8a) Support Collection Unit Information Sheet (Form UD-8a)
- 8b) Qualified Medical Child Support Order ("QMCSO") (Form UD-8b)
- 9) Note of Issue (Form UD-9)
- 10) Findings of Fact/Conclusions of Law (Form UD-10)
- 11) Judgment of Divorce (Form UD-11)
- 12) Part 130 Certification (Form UD-12)
- 13) Request for Judicial Intervention("RJI") (Form UD-13) and Addendum (Form 840M)
- 14) Notice of Entry (Form UD-14)
- Certificate of Dissolution of Marriage
- Self-Addressed and Stamped Postcard
- UCS-111 (UCS Divorce and Child Support Summary Form)

SUPPLEMENTAL APPENDIX OF FORMS

- A. Income Withholding Order/Notice for Support and Application for Child Support Services
 - A-1 Application for Child Support Services **available at:**
http://www.nycourts.gov/divorce/divorce_withchildrenunder21.shtml
 - A-2 Income Withholding Order/Notice for Support **Form for Child Support and Combined Child and Spousal Support** (IWO Form Non-IV-D)
 - A-2A Income Withholding Order/Notice for Support **Form for Spousal Support only** (IWO Form Non-IV-D a)
(Important Note: These are the actual Forms)
 - A-2B Income Withholding Order/Notice for Support **Numbered Reference Copy** (IWO Form Non-IV-D b)
(Important Note: Do not complete this form. Use it as a guide when filling out the actual Forms.)
- B. New York State Case Registry Filing Form
- C. Notice of Settlement
- D. Poor Person Order
- E. Affidavit in Support of Application to Proceed as a Poor Person

**The instructions for completing each individual form can be found on pages 13-41 of this Packet
A COPY OF EACH COMPLETED FORM SHOULD BE RETAINED FOR YOUR RECORDS.**

STARTING THE DIVORCE ACTION:

1. This packet should be filled out either by typing or printing the information. Printing should be legible and in BLACK ink only.
2. If you need additional space on any form, you may use an addendum sheet. Be sure to note on the particular form that an additional sheet is being attached to that form.
3. Attach to your papers any court orders regarding this marriage and child support/custody/visitation. *All unemancipated children of the marriage* are entitled to receive child support. The court must decide custody and visitation of all *minor children of the marriage*. Whenever these instructions and forms refer to:
 - (i) "*children of the marriage*," they include all children under the age of twenty one born to or adopted by the parties before or during the marriage.
 - (ii) "*unemancipated children*," they include *all children of the marriage under the age of twenty one* born to or adopted by the parties before or during the marriage and entitled to child support. Upon sufficient proof, a court might consider a child under the age of twenty one "*emancipated*" and therefore not entitled to support if the child marries, enters the military, or is at least eighteen years old and is self-supporting. It is up to the court to decide whether the child is emancipated.
 - (iii) "*minor children of the marriage*," they include all children under the age of eighteen born to or adopted by the parties before or during the marriage.
4. Please refer to the attached **glossary**, which defines many of the other terms and phrases used in this packet.

IF YOU ARE CONCERNED ABOUT DOMESTIC VIOLENCE AND WISH TO KEEP YOUR ADDRESS CONFIDENTIAL, PLEASE CHECK WITH THE SUPREME COURT CLERK'S OFFICE FOR INSTRUCTIONS ON HOW TO OBTAIN CONFIDENTIALITY. IF CONFIDENTIALITY IS GRANTED BY THE COURT, YOU SHOULD NOT FILL OUT YOUR ADDRESS OR OTHER PRIVATE INFORMATION ON ANY OF THESE FORMS.

FOLLOW STEPS 1-7 TO START THE DIVORCE ACTION

- STEP 1:** Prepare an **original** and **two copies** of the **Summons With Notice (Form UD-1)** or the **Summons and Verified Complaint (Form UD-1a and Form UD-2)**.
- STEP 2:** Purchase an **index number** at the County Clerk's Office and file the original of the Summons With Notice or the original of the Summons and Verified Complaint with the County Clerk. Unless you are granted a poor person's waiver, you will be required to pay \$210 for the index number. Check with the County Clerk regarding acceptable forms of payment. Many County Clerks also will require that you fill out an Index Number Application Form at the time of filing, so be sure to bring with you the names, addresses and telephone numbers of all of the attorneys or, if unrepresented, of the parties themselves.
- STEP 3:** Put the **index number** and the **date of the filing** on the two copies of the Summons With Notice (or the Summons and Verified Complaint) if this is not done by a clerk upon filing the papers.
- STEP 4:** Where the Defendant agrees to the divorce, he or she will need to sign the **Affidavit of Defendant (Form UD-7)**. This may be done by submitting the form to the Defendant together with the Summons With Notice or Summons and Verified Complaint and Notice of Automatic Orders.. The Plaintiff should send the form to the Defendant with a copy of the instructions on how to fill it out. The Defendant must send the completed form back to the Plaintiff prior to having the case placed on the calendar so that the form can be filed with the other forms. If the Defendant does not return the signed form to Plaintiff, follow STEP 5 below.
- STEP 5:** Have the Defendant served with one copy of the Summons With Notice or Summons and Verified Complaint, and both the Notice of Automatic Orders and the Notice Concerning Continuation of Health Care Coverage, by being **personally handed the papers**.
- **If your spouse lives in New York State:** The server must be a resident of New York State, over eighteen years of age, and cannot be a party to the action (this means you may not serve your spouse with the Summons).

- **If your spouse is presently residing outside of New York State:** You must still ensure that he or she is personally served with the summons. If you use a non-New York State resident to serve your spouse outside of New York State, the server must be a person authorized to make service pursuant to the laws of that jurisdiction or a duly qualified attorney in that jurisdiction, and you must submit a copy of the authorization that allows that person to serve the summons. You are encouraged to check with the local sheriff and, if necessary, with a country's Consulate or Embassy as to any local requirements for service.

Service upon the Defendant of the Summons With Notice or Summons and Verified Complaint and Notice of Automatic Orders must be made within 120 days of their filing with the County Clerk's Office. If you do not know where the Defendant is located, you may wish to delay filing the Summons With Notice or Summons and Verified Complaint until he or she is located, so that the 120-day period does not begin running while you search for your spouse.

IMPORTANT: If there are children of the marriage under the age of 21 (see the definition on page 7), you must also serve a copy of the Child Support Standards Chart on the Defendant. The Chart is available at:

https://newyorkchildsupport.com/quick_links.html

STEP 6: If you had to follow STEP 5 above because the Defendant *would not agree* to complete and return the Affidavit of Defendant, the person that served the Defendant must prepare an "**Affidavit of Service**" (Form UD-3), which attests to the service of the Summons With Notice or Summons and Verified Complaint, Notice of Automatic Orders, and any other documents served. This affidavit must be submitted along with the full set of divorce papers when you place your case on the court's calendar. There is a 40-day waiting period from date of service to place the matter on the court's calendar. If the Defendant does not sign Form UD-7 to waive the 40 day period, you must wait the full 40 days.

STEP 7: **If the parties were married in a civil ceremony or if the Defendant signs the Affidavit of Defendant (Form UD-7), SKIP THIS STEP.** If the parties were married in a religious ceremony, the Defendant must be served with a copy of the **Sworn Statement of Removal of Barriers to Remarriage (Form UD-4)**. The Plaintiff must fill out the original and make a copy of the form. The copy then must be served on the Defendant either by personal service along with the Summons With Notice or the Summons and Verified Complaint, or by mail. If you serve the form by mail, it must be done prior to your placing your action on the court's calendar, because you will need to file the original form with the other required forms. Service by mail must be done by someone other than the Plaintiff who is over the age of 18 and not a party to the action. When you file this form, you must attach to the form the **Affidavit of Service (Form UD-4a)**.

If the Defendant appears and does not consent to this action:

* Then your matter is **no longer an uncontested matrimonial** and you will be unable to obtain an uncontested divorce. You may want to consult an attorney at that point.

STEPS FOR PLACING YOUR DIVORCE CASE ON THE COURT CALENDAR

After you have completed Steps 1-7, you are ready to place your case on the court's calendar. If the Defendant consents to the action by signing the Affidavit of Defendant (Form UD-7), you may place your case on the court's calendar immediately. Otherwise, you will have to wait until 40 days after the date of the service of the summons.

You must complete the following steps to place your case on the calendar:

STEP 8: You must complete **Forms UD-3 through UD-12** (include UD-7 only if signed by the Defendant). Form UD-3 (Affidavit of Service) and Form UD-4 (Sworn Statement of Removal of Barriers to Remarriage) need not be completed, or filed, if the Defendant has signed Form UD-7 (Affidavit of Defendant) and checked Box 6b on the form. Form UD-8 (Child Support Worksheet), Form UD-8a (Support Collection Unit Information Sheet) and Form UD-8b (Qualified Medical Child Support Order) need not be completed, or filed, if there are no unemancipated children of the marriage (see the definition on page 7).

STEP 9: You also must complete the **Request for Judicial Intervention (Form UD-13)** and, if there are children under the age of 18 who are subject to the matrimonial action, the **Addendum Form 840M**.

STEP 10: You also must complete the **Certificate of Dissolution of Marriage**, the **postcard**, and, where applicable, the **UCS 111 (Divorce and Child Support Summary Form)**. If a party is requesting child support payable to a person or entity other than a child support collection unit, the party must complete, as well, the New York State Case Registry Form.

STEP 11: You must file the completed forms, including a copy of the Summons With Notice or the Summons and Verified Complaint, with the County Clerk's Office. Include three (3) copies of the **Note of Issue (Form UD-9)**.

STEP 12: Unless you are granted a poor person's waiver, you must pay a filing fee for filing the Note of Issue (Form UD-9) and the Request for Judicial Intervention (Form UD-13). See page 5 for the schedule of filing fees.

All of the papers filed with the County Clerk's Office will be submitted to the judge. If the papers are approved, the judge will sign the Judgment of Divorce (Form UD-11).

If you are asking for maintenance, custody, visitation, or distribution of property, the court may require a hearing, even if there is a prior court order or a prior agreement between you and your spouse. If there is no prior court order or agreement, you and your spouse can try to settle these issues by signing a written agreement, but any agreement with your spouse is subject to judicial approval prior to the court issuing a Judgment or an order incorporating the parties' agreement. Prior to making a decision about approval of the agreement, the court may also require a hearing. The court will notify you and your spouse to appear, if a hearing is required.

SUPPLEMENTAL FORMS

This packet contains additional forms that you may be required to file depending upon the special requirements in the county where you are bringing the action.

a. Income Withholding Order / Child Support Enforcement Services

When *MUST* the Court Issue an Income Withholding Order

When the Court issues an order of support, the Court *must in every case issue an immediate income withholding order unless:*

- i) child support services are being applied for, or provided through, the child support enforcement program (often referred to as the "IV-D" program) from a local district Support Collection Unit; or
- ii) the Court finds and sets forth in writing (1) the reasons why there is good cause not to require immediate income withholding, or (2) an agreement providing for an alternative arrangement has been reached between the parties. See Domestic Relations Law § 240(2)(b)(2), Family Court Act § 440(1)(b)(2), and CPLR § 5242(c)(1).

Where an income withholding order is required, the Court shall direct that the support be paid by automatically deducting moneys from the paying spouse's income through the use of an Income Withholding Order/Notice of Support.

The child support enforcement program (often referred to as the "IV-D" program) is a state-supervised, county-run program. Each local social services district has a Support Collection Unit that assists litigants in obtaining the child support (or enforcing child and spousal support combined) that has been ordered by the court.

To learn about and apply for child support services, use Form LDSS - 4882. You may download a copy of this form from the Divorce Resources website of the New York State Unified Court System under Child Support Resources at <http://www.nycourts.gov/divorce/> The application form has two sections. The first section provides a detailed description of the child support services provided and other important information you need to know. A child support brochure (Pub.1950) is also available that provides a brief description of the program which may also be found at the court website.

As an alternative to using Form LDSS 4882, you may also apply for child support services by using the Plaintiff's Affidavit (Form UD-6). See instructions at Field 20.

If you wish to apply for child support services at this time, or you are already receiving such services, DO NOT fill out this Income Withholding Order/Notice for Support; an Income Withholding Order / Notice for Support will be prepared and sent by the Support Collection Unit on your behalf

If you do not wish to apply for child support services at this time, you may choose to apply for such services through your local Support Collection Unit in the future.

If you do not apply for child support services at this time, and are not already receiving them, the Court may nonetheless decide after consideration of relevant factors that an Income Withholding Order/Notice for Support is required by law.

If the Court notifies you that an Income Withholding Order/Notice for Support is required, or you decide to ask the Court to issue one, follow the procedure for completing and serving the Income Withholding Order/Notice for Support set forth in the *Supplemental Appendix of Forms Instructions* at page 34, and submit the order to the Supreme Court Clerk's Office.

b. Notice of Settlement

In some instances, the court will not sign the Judgment of Divorce until the Defendant is served with a copy of the unsigned Judgment and any other proposed orders and is permitted an opportunity to object to or comment on them. In that situation, the court will notify you that the Judgment and the proposed orders are to be served upon the Defendant with a Notice of Settlement (see Supplemental Appendix of Forms at page 34). Follow the procedure set forth in the Supplemental Appendix of Forms for completing and serving a Notice of Settlement.

AFTER THE JUDGMENT HAS BEEN SIGNED BY THE COURT

The **Judgment of Divorce (Form UD-11)** needs to be filed and entered in the County Clerk's Office. The manner in which this occurs depends upon the procedure of the county in which you brought the action. Consult the Supreme Court Clerk's Office for information regarding your obligations for the retrieval and/or entry of the signed judgment and supporting papers. Should you receive notice that the papers have been filed on your behalf by the court, or if you file the papers, you may go to the County Clerk's Office to obtain a certified copy of the judgment. You must bring identification with you, because matrimonial files are confidential and information will be released only to a party or his or her attorney. The certified copy will cost between \$4.00 and \$10.00, but the fee will be waived if you obtained a poor person waiver.

A copy of the judgment of divorce must be served on the Defendant. To do this, you must mail to the Defendant a copy of the signed and entered Judgment of Divorce (Form UD-11), together with the completed **Notice of Entry (Form UD-14)**.

TURN TO PAGES 13-41 FOR INSTRUCTIONS ON HOW TO COMPLETE THE FORMS

FORMS INSTRUCTIONS

If you have unemancipated children of the marriage under the age of twenty one (see the definition on page 7), please see the Child Support Worksheet (Form UD-8) instructions on page 21 before you prepare the summons, so you can give the Defendant notice of the amount of child support demanded.

1. **SUMMONS WITH NOTICE (Form UD-1):**

This form is used when commencing an action for divorce without a Verified Complaint. **The Notice of Automatic Orders and Child Support Standards Chart if applicable *must*, and the Notice Concerning Continuation of Health Care Coverage *should*, be served with the Summons with Notice.**

- Field 1: Put the index number in the space provided.
- Field 2: Print the county in which you are bringing this action.
- Field 3: Print the date the summons was filed.
- Field 4: The same as field 2.
- Field 5: Print the Plaintiff's name.
- Field 6: You must state the basis of venue, that is, why this case may be heard in the county you select. You have several options: Plaintiff's residence (Plaintiff lives in the county), Defendant's residence (Defendant lives in the county), or CPLR §509 (any other county so long as the Defendant does not object and the court accepts the case). If you choose a county where neither party resides, you must write in CPLR §509. The court must accept the case if it is brought in the county where either the Plaintiff or the Defendant resides. If you choose CPLR §509 and the other side does not challenge the basis for venue, then the action may go forward in that county, but you should be aware that the court may reject your case based on specific venue rules in the county where you are filing.
- Field 7: Provide where either the Plaintiff or the Defendant resides depending on which party's residence was chosen as the basis of venue. For example, if the Plaintiff's residence is listed as the basis for venue, place the Plaintiff's address in this space. If Defendant's residence is chosen, list the Defendant's address in this space. If CPLR §509 is chosen, list the Plaintiff's address in this space.
- Field 8: Print Defendant's name.
- Field 9: Check the appropriate box.
- Field 10: Print the date you prepared the summons.
- Field 11: Check the appropriate box.
- Field 12: List your attorney's address and telephone number. If you do not have an attorney, list your name, address and telephone number.
- Field 13: Fill in the appropriate subdivision number and the grounds for divorce as indicated at the bottom of the form (see pages 3-5 in this booklet). Check with your local clerk's office if you need additional information on where to learn about the grounds for divorce.

Field 14: If you are asking for other relief in addition to your request for a divorce, this relief must be listed in this section as “ancillary relief.” Examples include but are not limited to custody, visitation, child support, equitable distribution of specific property from the marriage, maintenance, counsel and/or experts fees, orders of protection, pension benefits, use of a former last name, and exclusive occupancy of the marital residence. If there are unemancipated children of the marriage (see the definition on page 7), child support must be listed in this section. You should also list any presently existing court orders (including the docket /case/index number) that you wish to be continued. (Note: when minor children of the marriage reside in New York State, custody must be determined). You should also list any stipulations or agreements that you have made in writing with the Defendant that you wish to become a part of the judgment. If you are waiving the distribution of marital property or if marital property is being distributed pursuant to an agreement/stipulation, check the appropriate box. If you are not requesting ancillary relief, check the appropriate box.

Important Note: *If you do not ask for a type of ancillary relief in this section, you may be giving up your rights to things you may be entitled to.*

1a. SUMMONS (Form UD-1a): This form must be filed and served simultaneously with the Verified Complaint (Form UD-2). The Notice of Automatic Orders and Child Support Standards Chart if applicable *must*, and the Notice Concerning Continuation of Health Care Coverage *should*, be served with the Summons.

- Field 1: Put the index number in the space provided.
- Field 2: Print the county in which you are bringing this action.
- Field 3: Print the date the summons was filed.
- Field 4: The same as field 2.
- Field 5: Print the Plaintiff's name.
- Field 6: You must state the basis of venue, that is, why this case may be heard in the county you select. You have several options: Plaintiff's residence (Plaintiff lives in the county), Defendant's residence (Defendant lives in the county), or CPLR §509 (any other county so long as the Defendant does not object and the court accepts the case). If you choose a county where neither party resides, you must write in CPLR §509. The court must accept the case if it is brought in the county where either the Plaintiff or the Defendant resides. If you choose CPLR §509 and the other side does not challenge the basis for venue, then the action may go forward in that county, but you should be aware that the court may reject your case based on specific venue rules in the county where you file.
- Field 7: Provide where either the Plaintiff or the Defendant resides depending on which party's residence was chosen as the basis of venue. For example, if the Plaintiff's residence is listed as the basis for venue, place the Plaintiff's address in this space. If Defendant's residence is chosen, list the Defendant's address in this space. If CPLR §509 is chosen, list the Plaintiff's address in this space.
- Field 8: Print the Defendant's name.
- Field 9: Check the appropriate box.
- Field 10: Print the date you prepared the summons.
- Field 11: Check the appropriate box.
- Field 12: List your attorney's address and telephone number. If you do not have an attorney, list your name, address and telephone number.

2. **VERIFIED COMPLAINT (Form UD-2):**

- Field 1: Fill in the county in which the action is brought. Be consistent with other forms.
- Field 2: Print the Plaintiff's name.
- Field 3: Write in the index number assigned to this matter.
- Field 4: Print the Defendant's name.
- Field 5: Write the name of Plaintiff's attorney in the blank space or, if Plaintiff is representing himself or herself, strike the word "by" and leave the space blank.
- Field 6: This section informs the court of whether it has the jurisdiction (authority) to hear your case. Check the appropriate box or boxes.
- Field 7: Insert the date that you and your spouse were married as listed on a marriage license and the city, town or village; and the state or country of the marriage.
- Field 8: Check the appropriate box. If you had a religious ceremony, you must strike the word "not" in the first line and you must check one of the three options below as to your removing barriers to remarriage. If you had a civil ceremony, leave the word "not" in place and do not check any of the three options below. A Barriers to Remarriage Affidavit (Forms UD-4 and UD-4a) must be filed with proof of service unless the Defendant waives the filing of the Affidavit.
- Field 9: Check the appropriate box. List the number of children of the marriage (see the definition on page 7). List the names, dates of birth and addresses for each.
- Field 10: List the Plaintiff's and Defendant's addresses.
- Field 11: Fill in the required information about Plaintiff's and Defendant's insurance coverage. Make sure to include the type of coverage. Examples include, but are not limited to, medical, dental and optical coverage. If either party has more than one insurance plan, you must list the additional coverage. Strike this section if child support is not an issue.
- Field 12: You must state and describe the grounds for divorce. In addition to selecting the section (be specific as possible) of the Domestic Relations Law that applies, you should fill in the date where appropriate and also give a brief description as to how you meet New York State's grounds requirements. (Refer to **Grounds for Divorce** on pages 2 through 5 of these instructions).
- Field 13: This section requires no response on your part. If a judgment of divorce was already entered in this state or another state between you and your spouse and/or there is another action for divorce pending between you and your spouse, you may not be permitted to maintain this action. You should seek legal assistance as noted in the Foreword.

Field 14: If you are asking for other relief in addition to your request for a divorce, this relief must be listed in this section as “ancillary relief.” Examples include but are not limited to custody, visitation, child support, equitable distribution of specific property from the marriage, maintenance, counsel and/or experts fees, orders of protection, pension benefits, use of a former last name, and exclusive occupancy of the marital residence. If there are unemancipated children of the marriage (see the definition on page 7), child support must be listed in this section. You should also list any presently existing court orders (including the docket/case/index number) that you wish to be continued. (Note: when minor children of the marriage reside in New York State, custody must be determined). You should also list any stipulations or agreements that you have made in writing with the Defendant that you wish to become a part of the judgment. If you are waiving the distribution of marital property or if marital property is being distributed pursuant to an agreement/stipulation, check the appropriate box. If you are not requesting ancillary relief, check the appropriate box.

Important Note: *If you do not ask for ancillary relief in this section, you may be giving up your rights to things you may be entitled to.*

Field 15: Insert the date that you prepared the document.

Field 16: Check the appropriate box. The attorney for the Plaintiff must sign this line and print his or her name, address and telephone number. If the Plaintiff does not have an attorney, the Plaintiff must sign at that line and put in his or her address and telephone number.

Field 17: The Plaintiff must sign this section in the presence of a notary public, who then must notarize the document. That individual will fill in the remaining information.

3. **AFFIDAVIT OF SERVICE (Form UD-3):**

This affidavit must be filled out by the person that serves the summons with notice or the summons and verified complaint on your spouse (the Defendant). You need not file this form if Defendant executes the **Affidavit of Defendant (Form UD-7)**, which satisfies the proof of service requirement.

Field 1: Insert the county in which the action is brought as on prior forms.

Field 2: Print the Plaintiff's name.

Field 3: Insert the index number.

Field 4: Print the Defendant's name.

Field 5: Insert the state and county where the process server signed this document before a notary public.

Fields 6,7: The process server must fill in his or her name and address.

Field 8: The process server must fill in the details of when and where the Defendant was served, and must check the appropriate boxes as to the documents that were served. If there are children of the marriage under the age of 21 (see the definition on page 7), the Child Support Standards Chart must also be served on the Defendant. The chart is available at:

https://newyorkchildsupport.com/quick_links.html.

- Field 9: The process server must check the option that specifies how he or she identified the Defendant and check all the applicable identifying characteristics of the Defendant. If the first option is checked, the process server must describe how he or she became acquainted with the Defendant. If you provided the process server with the Defendant's picture, or pointed out the Defendant to the process server, you must address this in the Affidavit of Plaintiff (Form UD-6).
- Field 10: The process server must ask the Defendant whether he or she is a member of the military of this state or any other state or this nation. The process server should check box 6a if the Defendant states that he/she is not in the military. The process server should check box 6b if the Defendant says he/she is in the military and also complete the information as to the type of service in box 6b. If the Defendant does not answer the question as to military service, then the process server should check box 6c.
- Field 11: The process server must sign the document when completed before a notary public

4. **SWORN STATEMENT OF REMOVAL OF BARRIERS TO REMARRIAGE (Form UD-4):**

- Field 1: Insert the county where you are bringing the action.
- Field 2: Print the Plaintiff's name.
- Field 3: Print the index number assigned to the case.
- Field 4: Print the Defendant's name.
- Field 5: Insert the state and county in which Plaintiff signed the statement.
- Field 6: You must select either of the italicized statements by placing a check mark in the appropriate box. If you select the second box, attach a copy of Defendant's waiver. If you checked the box in the Verified Complaint or Affidavit of Plaintiff that you "will" be taking these steps, you must have completed the steps before you file your papers.
- Field 7: The Plaintiff must sign the form, which must be sworn to before a notary public.

4a. AFFIDAVIT OF SERVICE (Form UD-4a): This form must be attached to and filed with the Sworn Statement of Removal of Barriers to Remarriage (Form UD-4)

- Field 1: Insert the county where you are bringing the action.
- Field 2: List the name and address of the individual serving the form on the Defendant.
- Filed 3: Insert the date that the form was served. Fill in either the location where the party was personally served or the address to which the form was mailed.
- Field 4: The server must sign before a notary public.
- Field 5: If service of Sworn Statement of Removal of Barriers to Remarriage is acknowledged by your spouse, he or she must sign the Affidavit of Service.

5. AFFIRMATION (AFFIDAVIT) OF REGULARITY (Form UD-5):

- Field 1: Insert the county where you are bringing the action.
- Field 2: Print the Plaintiff's name.
- Field 3: Insert the index number assigned to the case.
- Field 4: Print the Defendant's name.
- Field 5: List the state and county where either the Plaintiff or the attorney for the Plaintiff signed this document.
- Field 6: Check the appropriate boxes.
- Field 7: Check the appropriate box.
- Field 8: Insert the date that the document was completed if signed by an attorney. If the Plaintiff is self-represented, the document must be signed and notarized before a notary public.

6. AFFIDAVIT OF PLAINTIFF (Form UD-6):

- Field 1: Insert the county in which you are bringing the action.
- Field 2: Print the Plaintiff's name.
- Field 3: Insert the index number for the action.
- Field 4: Print the Defendant's name.
- Field 5: Insert the state and county where Plaintiff signed this document.
- Field 6: Insert the Plaintiff's name.
- Field 7: Print where the Plaintiff resides, the Defendant resides and their social security numbers.
- Field 8: Address the residency requirements as explained on page two of this instruction booklet by checking the appropriate box or boxes.
- Field 9: Insert the date the parties were married and the city, town or village; the county; and the state where they were married. Strike the italicized word "not" in the following sentence if the parties were married by a clergyman, minister or by a leader of the Society for Ethical Culture.
- Field 10: If the word "not" is deleted, you must check one of the three options.

[Do not complete Fields 11-13 if there are no children of the marriage (see page 7)]

- Field 11: List the number and names (if any) of the children of the marriage, their social security numbers, their dates of birth and the present address of each child as well as any other addresses they may have had for the previous five (5) year time period. You must also list the name and present address of the person that each child has lived with for the past five (5) years.
- Field 12: Check the boxes as appropriate. If you check "yes", you must attach a statement explaining the circumstances, and if a Family Court order was issued, you must provide the court with a copy.
- Field 13: Fill in the required information about Plaintiff's and Defendant's insurance coverage. Make sure to include the type of coverage, such as medical, dental or optical coverage. If either party has more than one insurance plan, you must list the additional coverage. Check the not applicable box if child support is not an issue or if there is no health insurance available to either party for the benefit of the child(ren) of the marriage.
- Field 14: List the grounds for divorce, filling in any relevant facts to prove the grounds alleged. Refer to Grounds for Divorce on pages 2 through 5 of these instructions. See the bottom of the Summons With Notice (Form UD-1), which lists the different grounds for divorce, or if you filed a Summons and Verified Complaint, refer to paragraph 12 of the Complaint.
- Field 15: List any additional relief that you are requesting as "ancillary relief." Refer back to p. 14 of these Instructions for the Summons with Notice and p.16 of these Instructions for the Verified Complaint forms. If you are waiving the distribution of marital property or if marital property is being distributed pursuant to an agreement/stipulation, check the appropriate box. You should also list any existing court orders (with the case/index/docket number) that you want to be continued or any stipulations or agreements that you have made in writing with the Defendant that you wish to become a part of the judgment.
- Field 16: Check the appropriate box as to the Defendant's status in the military. Strike the language that does not apply within the section that you choose.
- Field 17: Strike the word "not" where appropriate.
- Field 18: This section remains unchanged if there are no other matrimonial actions pending and you are still married. If there are other matrimonial actions pending, then you should seek legal assistance as noted in the Foreword.
- Field 19: Leave this section unchanged if you have supplied a photograph of the Defendant to the process server. Strike or delete it if you have not.
- Field 20: Check the appropriate box or boxes. If you are not the custodial parent, check Section 11A. If you are the custodial parent, check Section 11B and one of the following four statements [boxes (1),(2),(3), or (4)]. One of the four statements must be selected. If (1),(2) or (3) is selected in this Affidavit or in the Affidavit of Defendant, then you must check "Applicable" on the opening sentence (Field 8) of Form UD-11 (Judgment of Divorce).

Field 21: Insert the Plaintiff's and/or the Defendant's surname before the marriage if different from the current surname.

Complete the rest of this section (D.R.L. §240 1 (a-1) Records Checking Requirements) only if there are minor children of the marriage (see the definition on page 7). Check the appropriate boxes and list any required information.

Field 22: The Plaintiff must sign the form before a notary public.

7. AFFIDAVIT OF DEFENDANT (Form UD-7): To be Filled out by Defendant

Field 1: Insert the county in which the action is brought.

Field 2: Print the Plaintiff's name.

Field 3: Insert the index number assigned to the action.

Field 4: Print the Defendant's name.

Field 5: Insert the state and county in which the Defendant signed this affidavit.

Field 6: Print the Defendant's name.

Field 7: Print the Defendant's address.

Field 8: Defendant must check the appropriate box(es). The date of service and the grounds for divorce listed on the Summons With Notice or in the Verified Complaint also must be inserted.

Field 9: This section remains unchanged.

Field 10: Check the appropriate box.

Field 11: Check Section 4A if the Defendant waives service of all further papers in the action except for the final Judgment of Divorce. Check Section 4B if the Defendant wants to be served with all papers required to be served. The Defendant may strike any individual documents that the Defendant does not wish to be served with.

Field 12: Strike the italicized words if you are not seeking equitable distribution.

Field 13: Strike section 6a in totality except where Plaintiff requests a divorce by the conversion of a separation agreement and the marriage was performed by a clergyman, minister or by a leader of the Society for Ethical Culture. Check box 6b if you waive the Plaintiff's requirement to file the Sworn Statement of Removal of Barriers to Remarriage (Form UD-4).

Field 14: If Defendant is not the custodial parent, check Section 7A. If Defendant is the custodial parent, check Section 7B and check one of the statements in [boxes (1),(2),(3), or (4)], that applies to your individual situation. One of the four statements must be selected. If (1), (2) or (3) is selected in this Affidavit or in the Affidavit of Plaintiff, then you must check "Applicable" on the opening sentence (Field 8) of Form UD-11 (Judgment of Divorce). **Complete the rest of this section (D.R.L. §240 1(a-1)Records Checking Requirements) only if there are minor children of the marriage (see the definition on page 7) .** Check the appropriate boxes and list any required information.

Field 15: Defendant must sign the document and have it notarized before a notary public.

8. CHILD SUPPORT WORKSHEET (Form UD-8):

The Plaintiff **must** submit this document where there are unemancipated children of the marriage (see the definition on page 7). It lists the amount of child support that must be paid to the custodial parent by the non-custodial parent. If you have a Family Court order that directs the payment of a specified amount of child support, you do not have to fill in this worksheet. A copy of that order must be submitted with your papers.

This form requires you to list financial information. You may use a tax return, pay stub, W-2 or any financial document that will assist you in completing the form. You may also use other information that you have to assist you. For example, if the Defendant was earning \$20,000 per year at the time you separated or if you know someone with the same job making \$20,000, you should list that amount and state the source of your information in Field 7 or Field 8.

If you do not know the Defendant's income at present, write the number 0 in all relevant sections with the word "unknown" next to that amount. Fill out the remainder of the form to the best of your ability. When you reach Field 35, you will be receiving \$300 per year, the statutory minimum. You may return to this Court or the Family Court should you learn Defendant's income at a later date. The Defendant may also return to court to show that he/she cannot pay this minimum amount.

Although this document looks complicated, a careful, step-by-step approach should help you complete it properly and without too much trouble. When things become complicated, examples will be given. You should complete this form before you prepare the summons, so that you can give the Defendant the required notice as to the amount of child support demanded or offered, as the case may be. It may help to read through the form before you begin. All statutory references in the form are to Domestic Relations Law § 240(1-b).

- Field 1: Insert the county in which you are bringing the action.
- Field 2: Print the Plaintiff's name.
- Field 3: Insert the index number assigned to the action.
- Field 4: Print the Defendant's name.
- Field 5: Insert the Plaintiff's name. Please note that in some cases the Defendant prepares this form; if so, put the Defendant's name here.
- Field 6: Check the appropriate box to show whether the Plaintiff or the Defendant is signing this document. This check will correspond to field 6.
- Field 7: Insert the Plaintiff's annual gross income (before taxes) in Item number 1. If the Plaintiff has income listed in Items 2-14 that he does not include in Item number 1, then put that yearly dollar amount next to the appropriate numbered category. Add up all of the items to get the "total mandatory income". Here are two examples:

* **Example One:** The Plaintiff is a truck driver who earns \$30,000 per year, which is his total income. Put \$30,000 in the blank next to number 1. Put -0- in the blanks next to numbers 2-14. The total mandatory income is \$30,000.

* **Example Two:** The Plaintiff is a teacher and earns \$30,000 per year but also receives a \$10,000 pension from a prior profession. Put \$30,000 in the blank next to number 1; put \$10,000 in the blank next to number 8, and put -0- in all the other blanks. The total mandatory income is \$40,000.

- Field 8: List the Defendant's total income in the same way that the Plaintiff's income was stated.
- Field 9: Insert the Plaintiff's non-mandatory income. The form designates various kinds of non-mandatory income. If there is any income of this nature, you must list it. If there is none, the total is -0-.
- Field 10: List the Defendant's total non-mandatory income.
- Field 11: This is the total of Field 7 and Field 9.
- Field 12: This is the total of Field 8 and Field 10.
- Field 13: List the Plaintiff's total deductions. These deductions are itemized in numbers 19 to 27. The deductions used most often are: number 26 (New York City or Yonkers income tax) and number 27 (Social Security taxes). Read each item to see which deductions apply, then total all the Plaintiff's deductions and put that figure in line D (Total Deductions). Remember, these figures are yearly totals.
- Field 14: List the Defendant's total deductions.
- Field 15: List the Plaintiff's adjusted income - his total gross income from field 11 minus his total deductions from field 13.
- Field 16: List the Defendant's adjusted income - her total gross income from field 12 minus her total deductions from field 14.
- Field 17: Insert the combined income of both the Plaintiff and the Defendant. Add field 15 and Field 16.
- Field 18: Insert the combined child support of the Plaintiff and the Defendant. To find the correct amount, multiply the combined income in field 17 by the appropriate percentage listed in field 18. (If the combined income in field 17 is over \$136,000, then disregard the amount exceeding \$136,000 for now and multiply the appropriate percentage by \$136,000).
- * **For Example:** If the Plaintiff's adjusted income is \$30,000 (field 15) and the Defendant's adjusted income is \$20,000 (field 16), then their combined income is \$50,000 (field 17). Suppose there is one child. Looking at field 18, you see: For 1 child...17%. You multiply \$50,000 x 17% = \$8,500. You now have the combined child support of \$8,500; this number will be put in field 18.
- Field 19: Insert the non-custodial parent's income. To do this, take the adjusted income of the person who does not have the child and insert this (either field 15 or field 16) in field 19.
- Field 20: Insert the combined income. Whatever is in field 17 will be repeated in field 20.
- Field 21: This amount is the result of simple division. Divide the non-custodial income (field 19) by the combined parental income (field 20) to arrive at a percentage - sometimes called "the prorated share".
- * **For Example:** Suppose the Plaintiff is the non-custodial parent; his adjusted income is \$30,000, and the Defendant's income is \$20,000. The combined income is \$50,000. You divide \$30,000 [non-custodial parent's income] by \$50,000 [Combined income]. $\$30,000 / \$50,000 = .60$ or 60%. Put this percentage in field 21. This percentage is important, because it will be used later to determine obligations of the non-custodial parent.

- Field 22: Multiply the combined child support (field 18) times the non-custodial parent's percentage [prorated share] (field 21) and insert the result in field 22. This is the non-custodial parent's share of the total child support.
- * **For Example:** Using the figures in the last two examples, $\$8,500 \times 60\% = \$5,100$.
- Field 23: Insert the amount of child support on the amount over \$136,000. Look at Step 11 of the Child Support Worksheet to see what factors might affect the child support on amounts over \$136,000. Some people decide to simply use the same formula that was used in field 22 and hope the court goes along with that.
- Field 24: Insert the sum of field 22 and field 23.
- Field 25: Insert the cost of child care for certain items. If you pay for any of those items, put a check in the appropriate box and place the total annual expense in field 25.
- Field 26: Insert the non-custodial parent's share of the child care check in field 25. To do this, multiply the total child care expense (field 25) by the non-custodial parent's prorated share (field 21), and put the number in field 26.
- * **For Example:** If field 21 is 60% and field 25 is \$1,000 then field 26 would be $\$1,000 \times 60\% = \600 .
- Field 27: Insert the amount for future annual health care expenses not covered by insurance.
- Field 28: Insert the non-custodial parent's share of the health care as listed in field 27. To do this, multiply the total future health care expenses in field 27 by the percentage in field 21.
- Field 29: List the annual amount for educational expense. Use Step 11(b) as a guide to decide if it is appropriate to put any amount in field 29.
- Field 30: Insert the non-custodial parent's income. This is the same amount as in field 19.
- Field 31: Insert the total amount of support, child care, future health care and educational expense attributable to the non-custodial parent. This field is the addition of field 24 + field 26 + field 28 + field 29.
- Field 32: Field 32 = field 30 - field 31. This amount is used to determine whether or not the low income exemptions apply to this case. If the deduction from the non-custodial parent's income of child support, child care, future health care and educational expense brings his income below poverty level or below the self-support reserve, then a different formula, as determined by fields 33-36, is used to determine the appropriate child support.

To see whether you have to use that different formula in fields 33-36, you first have to determine what are the poverty level and the self-support reserve. Every April 1st the poverty level as well as the self support reserve changes. You may obtain the most current figures from the Child Support Standards Chart, which is available at https://newyorkchildsupport.com/quick_links.html

Now you can see whether any of the low income exemptions apply. There are three possibilities. First -- If the figure you get in field 32 is larger than the self-support reserve, then you are finished with this form except for signing and notarization. Second -- If the figure you get in field 32 is less than the poverty level, then you must complete field 33 and field 34 before you are finished. Third -- If the figure you get in field 32 falls between the poverty level and the self-support reserve, skip field 33 and field 34 and move on to field 35 and field 36.

- Field 33: List the adjusted income of the non-custodial parent as set forth in field 30, but only when field 32 is below the poverty level. Otherwise, skip this field.
- Field 34: Insert the amount of the self-support reserve, as calculated using the instructions in the footnotes at the bottom of page four of the form.
- Field 35: This amount is the remainder after subtracting the self-support reserve (field 34) from the non-custodial parent's income (field 33). If the amount on field 34 is greater than \$300, then the correct child support is field 34. If the amount in field 34 is \$300 or less, then the correct child support is \$300 per year unless the Court decides this amount is "unjust or inappropriate" based on the non-numerical factors in Step 11 of the form. Keep in mind that the amount on field 34 may be less than \$0, which occurs when the non-custodial parent's income is less than the self support reserve. Treat any figure below \$0 as \$0. As noted, that will result in child support of \$300 per year unless the Court decides this amount is "unjust or inappropriate" based on the non-numerical factors in Step 11 of the form.
- Field 36: List the adjusted income of the non-custodial parent as set forth in field 30, but only when field 32 was below the self support reserve and above the poverty level. Otherwise skip this field.
- Field 37: Insert the amount of the self-support reserve, as calculated using the instructions in the footnotes at the bottom of page four of the form.
- Field 38: Insert the remainder after subtracting the self-support reserve (field 37) from the non-custodial parent's income (field 36). If the amount in field 36 is greater than \$600, then the correct child support is field 36. If the amount in field 36 is \$600 or less, then the correct child support is \$600 per year. In addition, the Court has discretion to award child care expenses, health care expenses, and college, post - secondary private, special or enriched education expenses pursuant to Step 9 of this form.

It is strongly advised that you attach to this document the latest income tax returns, W-2's, 1099's, pay stubs -- or whatever documentation you have -- to confirm the amounts you state in this form.

- Field 39: Plaintiff must sign this document. If the defendant prepared this document, then the defendant signs it. This form must be signed and sworn to before a notary public. Check the applicable box for the signature.

8a. SUPPORT COLLECTION UNIT INFORMATION SHEET (Form UD-8a):

The Plaintiff must submit this document where the services of the Support Collection Unit are requested. The Support Collection Unit is a state agency that assists litigants in obtaining the child support that has been ordered by the court. You may utilize the service or decline the service. If you decline the service you may apply to the Support Collection Unit in the future to assist you in obtaining the child support that the court has ordered to be paid.

- Field 1: Fill in the county in which the action is brought.
- Field 2: Print the Plaintiff's name.
- Field 3: Write in the index number assigned to this case.
- Field 4: Print the Defendant's name.
- Field 5: Fill in the Plaintiff's name, address, date of birth and social security number.
- Field 6: Fill in the Defendant's name, address, date of birth and social security number.
- Field 7: Fill in the date and the place of marriage.
- Field 8: Check the appropriate box.
- Field 9: Indicate the name(s) and date(s) of birth of the unemancipated child(ren). List the amount of support for each child and check the appropriate box for either per week or per month.
- Field 10: Indicate who will be receiving the support payments by checking the appropriate box.
- Field 11: Fill in the name and address of the third-party person if this person is receiving the support payments.
- Field 12: Fill in the non-custodial parent's employer's name and address.
- Field 13: Fill in the date the form is completed.

8b. QUALIFIED MEDICAL CHILD SUPPORT ORDER (Q.M.C.S.O.) (Form UD-8b):

A certified copy of this signed order must be served on the employer of the person legally responsible to provide health insurance.

- Fields 1-4: The court will fill in these sections.
- Field 5: Print the Plaintiff's name.
- Field 6: Insert the index number.
- Field 7: Print the Defendant's name.
- Field 8: Insert the name, date of birth, social security number and mailing address of each unemancipated child of the marriage.
- Field 9: Insert the name of the party who must enroll the child(ren) in the health insurance plan available through his or her employment.
- Field 10: Insert the name of the party that has custody of or is the legal guardian of the child(ren).
- Field 11: Insert the name, address and identification number (if any) of the health plan.
- Field 12: Insert the name and address of the administrator of the plan (if any).
- Field 13: Describe the type of coverage provided by the plan. Give a detailed description.
- Field 14: Leave this section unchanged.
- Field 15: Insert the date the parties agree that coverage is to be effective. If not filled in, the court will enter the date the order is signed.
- Field 16: The court will fill in this section.

9. NOTE OF ISSUE (Form UD-9):

- Field 1: Insert the county where you are bringing the action.
- Field 2: Print the Plaintiff's name.
- Field 3: Insert the index number that you will receive from the clerk's office in this space. Leave the space for calendar number empty; the clerk's office will fill in that section.
- Field 4: Print the Defendant's name.
- Field 5: The words "no trial" appear here. You do not need to write anything here.
- Field 6: This section must indicate who is placing this matter on the calendar. Check the appropriate box. Only one (1) box should be checked.
- Field 7: Insert the date that the summons was filed with the County Clerk.
- Field 8: Insert the date that the summons was served on your spouse.
- Field 9: Because this an uncontested divorce, the term "NOT JOINED" appears. You must indicate whether this case is going forward due to a default (your spouse fails to appear in the action), due to a waiver (your spouse is agreeing to proceed to divorce by completing an Affidavit of Defendant), or due to a stipulation (both parties agree by written document). Check the appropriate box.
- Field 10: The divorce is not being contested. You do not need to write anything in this space.

- Field 11: You are asking for an absolute divorce. You do not need to write anything in this space.
- Field 12: Check the appropriate box. Fill in the name, address, telephone number and fax number of the attorney for the Plaintiff here. If the Plaintiff does not have an attorney, put the Plaintiff's name, address, telephone number and fax number in this space.
- Field 13: Check the appropriate box. Fill in the name, address, telephone number and fax number of the attorney for the Defendant. If the Defendant does not have an attorney, put the Defendant's name, address, telephone number and fax number in this space.

10. FINDINGS OF FACT AND CONCLUSIONS OF LAW (Form UD-10):

- Fields 1-4: Do not fill in these sections. The court will fill in these fields.
- Field 5: Print the Plaintiff's name.
- Field 6: Print the index number assigned to the case. Do not fill in the calendar number.
- Field 7: Print the Defendant's name.
- Field 8: If you are submitting the papers to obtain a divorce based solely on signed affidavits, check the appropriate box or boxes. If you had an inquest/hearing before a judge, check that box. If you do not know whether the court will sign your divorce (you may want to inquire at the clerk's office as to the procedure in the county where you are filing), do not strike either provision or insert the Part where the documents will be signed. The Part will be filled in by court employees. You must, however, insert the name of the county where you are filing for divorce and the date of the inquest/hearing if you had one. Otherwise leave the date section blank so that the the court can fill in the information.
- Field 9: This section remains unchanged. If either the Plaintiff or the Defendant was under the age of 18 when this action was commenced, then a divorce action may not be filed and the Plaintiff should consult with an attorney as noted earlier.
- Field 10: This section establishes residency for purposes of obtaining a divorce. The beginning of this filing instruction packet explains the requirements for residency. Check the appropriate box or boxes. This section should be consistent with the earlier instructions given as to residency and any other form where you addressed residency.
- Field 11: Fill in the date and place that the parties were married, and indicate the type of ceremony by checking the appropriate box.
- Field 12: Do not fill anything in this section unless there is another action pending elsewhere. If so, consult an attorney as noted in the Foreword.
- Field 13: Check the appropriate box as to the papers served on Defendant to start the action. Indicate how defendant was served by placing a check mark in the appropriate box. If service was made pursuant to court order, fill in the date of such order. Indicate whether defendant appeared in the action by placing a check in the appropriate box.

- Field 14: Check the appropriate box. If defendant is a member of the military indicate the branch of service. If defendant is in the military and does not consent, it is suggested you retain counsel.
- Field 15: Check the appropriate box. Insert the total number of children of the marriage (see the definition on page 7). List their names, social security numbers, dates of birth and addresses.
- Field 16: Indicate the grounds upon which the divorce is to be granted by checking the appropriate box. Where a date is required, fill in the appropriate date. When using Cruel and Inhuman Treatment (DRL §170(1)) as grounds for divorce, make sure the specific allegations listed demonstrate Cruel and Inhuman Treatment as defined on the form. Repeat the same facts as set forth in the Verified Complaint and in the Plaintiff's Affidavit.
- Field 17: Check the appropriate box.
- Field 18: If you have asked for maintenance payments (“alimony”) from your spouse in your divorce papers and you and your spouse have come to a written agreement on the amount and timing of the payments, complete the box in paragraph “A)”. If there is no agreement for maintenance and you asked the court for maintenance payments in the divorce papers that you served on your spouse, you may be required to attend a court hearing to provide proof of the need for maintenance. Leave Paragraph “B)” blank. You will receive further instructions from the court. If there is already a court order about maintenance regarding you and your spouse, and you either want that court order to continue after the divorce or you and your spouse have a written agreement stating that the court order will continue, fill in the information requested in paragraph “C)”. If maintenance was not awarded, check the appropriate box in paragraph “D)” as to the reason.
- Field 19: This section addresses the children of the marriage (see the definition on page 7). Check the appropriate box so that the court can see which party the children reside with and which party, if any, is entitled to visitation with the children away from the custodial residence (the place where the children reside). If the children live with a third party, fill in the name. Leave the paragraph regarding domestic violence for the court to complete.
- Field 20: If there are other issues (i.e., support, custody, marital home, etc.) being settled or decided by the court, place a check mark in the appropriate box.
- Field 21: Check the appropriate box.: **Paragraph (A):** You must fill out this paragraph if there are children of the marriage (see the definition on page 7). List the names and the dates of birth of the unemancipated children of the marriage. **Paragraph (B):** You must fill in either subparagraph 1, 2 or 3 to show how the amount of child support was determined. Much of this information can be taken from the Child Support Worksheet. It is recommended that you use the Child Support Standards Chart in calculating the support obligation. The Chart is available at:

https://newyorkchildsupport.com/quick_links.htm

* **Instructions for subparagraph (1):** Fill in subparagraph (1) if there is already in existence a court order that has set the amount of child support and such order is to be continued by the Judgment of Divorce.

* **Instructions for subparagraph (2):** Fill in subparagraph (2) if you are requesting an order of the court for child support. Fill in the adjusted gross income (after deductions) of each party. Circle the applicable child support percentage. The percentages are 17% for one child, 25% for two children, 29% for three children, 31% for four children and 35% for five or more children. Multiply the child support percentage by the combined income to \$136,000 and do the same for combined income over \$136,000, if any. Fill in the amounts. Divide each party's income by the total income to obtain each party's pro rata share percentage of the combined income. Fill in the percentage. Multiply the basic child support obligation on income to \$136,000 by the non-custodial parent's pro rata percentage share and do the same for income over \$136,000. Fill in the amounts. Fill in the non-custodial parent's pro rata share of health care expenses not covered by insurance, child care, educational, or extraordinary expenses.

* **Instructions for subparagraph (3):** Fill in subparagraph (3) if the parties entered into a stipulation/agreement as to child support, or if the court rendered its decision in open court on the record. Fill in the date the parties entered into the stipulation/agreement and the amount of child support agreed to be paid. Check the appropriate boxes as to who will pay and who will receive child support. Check the appropriate box as to whether the parties are applying or waiving the application of the Child Support Standards Act (Guidelines) to the total combined income over \$136,000 a year. If issues regarding health care, child care, educational, or extraordinary expenses were agreed to, fill in the dollar amount to be paid or the percentage of said expenses agreed to be paid. Fill in the presumptive amount of child support attributable to the non-custodial parent pursuant to the Child Support Standards Act (Guidelines). Refer to the Child Support Standards Chart or Child Support Worksheet for this presumptive amount. Check the appropriate box that indicates whether the agreed-upon amount of support conforms with or deviates from the non-custodial parent's basic child support obligation. If there is a deviation, whether it be higher or lower, give specific reasons why the court should approve of such deviation. The reasons for deviations must be in the stipulation/agreement.

Field 22: List the Plaintiff's and Defendant's addresses and social security numbers.

Field 23: If there are no unemancipated children of the marriage or if child support is not an issue or if the parties do not have health coverage provided by their employer, check the appropriate box. If either party's employer offers health insurance, check that box and fill in the required information about Plaintiff's and Defendant's insurance coverage. Make sure to include the type of coverage. Examples include but are not limited to medical, dental and optical coverage. If either party has more than one insurance plan, you must list the additional coverage on a separate sheet of paper.

* Check the appropriate box as to whether both parties have agreed or stipulated as to which party will cover the unemancipated children on their health insurance policy. If there is no agreement, check the box indicating that the court has determined the party who will cover the children and indicate whether Plaintiff or the Defendant will cover the children under a group health plan. Strike out any inapplicable language.

- Field 24: List any court orders, by the index number or docket number and the date entered, that the parties wish to be continued.
- Field 25: Check the appropriate box and list prior surname.
- Field 26: Check box A) if the parties entered into a Stipulation of Settlement/Agreement and fill in the date of the agreement. Check appropriate box 1 or 2.
Check box B) if there is no Stipulation of Settlement/Agreement. Leave box 1 or 2 to be completed by the court.
- Field 27: Check the appropriate box.
- Field 28: Check the appropriate box and insert the Domestic Relations Law subdivision for the grounds for divorce. Be consistent with prior forms.
- Field 29: This section will be filled in by the court.

11. JUDGMENT OF DIVORCE (Form UD-11):

- Fields 1-4: Do not fill in these sections. The court will fill in these fields.
- Field 5: Print the Plaintiff's name.
- Field 6: Print the index number assigned to the case. Do not fill in the Calendar Number. Fill in the Social Security Number of the person who will be obligated to pay child support (if any).
- Field 7: Print the Defendant's name.
- Field 8: Check the appropriate box. If you are receiving child support and want payments to be made to the Support Collection Unit, check the "Applicable" box. If there are no unemancipated children of the marriage, check the "Not Applicable" box.
- Field 9: If you had an inquest/hearing before the court, check that box and fill in the date of the inquest. If you did not have an inquest, then the court will fill in the date.
- Field 10: Check the appropriate box as to the method of service and whether service was made in New York State or outside of New York State.
- Field 11: Check the appropriate box.
- Field 12: Check the appropriate box and fill in the date of the stipulation, if any.
- Field 13: Check the appropriate box.
- Field 14: List the Plaintiff's and Defendant's addresses and social security numbers in the spaces provided.
- Field 15: Fill in the name of the person submitting the judgment and check the appropriate box identifying this person.
- Field 16: Leave this section unchanged.
- Field 17: Insert the names of the parties and check the box(es) of the section(s) of the Domestic Relations Law pertaining to your grounds for divorce. You may obtain the information pertaining to the grounds of divorce from the Affidavit of Plaintiff (Form UD-6) or Verified Complaint (Form UD-2).
- Field 18: Check the appropriate box as to who shall have custody of the minor children of the marriage (see the definition on page 7) and print the name of the person in the space provided. If there are no minor children of the marriage, check that box in Field 19.

- Field 19: List the names and dates of birth and Social Security numbers for the children of the marriage. If there are no minor children of the marriage, check that box. (See the definitions on page 7)
- Field 20: Check the appropriate box. If visitation is to be ordered after a hearing or by decision, set forth the schedule. If visitation is not applicable, check that box.
- Field 21: If there are existing orders from any other court that are to be continued by this court, other than child support orders, list the County and Index Numbers or Docket Numbers of the order(s), and check the appropriate boxes. A copy of any order to be continued must be submitted to this court. If there are no other court orders with regard to custody, visitation or maintenance, check that box.
- Field 22: Fill in this section if there is to be continued an award of child support by a court order issued by a court other than this court. Check all appropriate boxes. If there is to be no award of child support by continuing another court's order, check that box.
- Field 23: If you have a written Settlement Agreement for maintenance, check Box A and then check the box next to the words "agreement of the parties." Immediately to the right of this, and on the next line, check the appropriate box ("Plaintiff" or "Defendant") depending on whether you are going to receive maintenance or pay it. On the line next to the words "the sum of ___," write the amount of maintenance you will receive or pay in each payment period and check the box next to the payment period. Since these payments are from a Settlement Agreement, check the box next to the words "payments to be made as set forth...." Check the box that tells whether you want the maintenance payments to be made directly or by an Income Deduction Order. (If you check the box for an Income Deduction Order, you will have to obtain and complete an Income Deduction Order, which is available on the court's web site and/or from the Supreme Court Clerk's Office.) Check Box B if there is to be no award of maintenance or none was requested.
- Field 24: Check the appropriate box and insert all requested information or check the "Not applicable" box if payment of child support is not to be made by these means. This section applies where child support is to be paid directly by one spouse to the other or through the NYS Child Support Processing Center.
- Field 25: Fill in this section, and check the appropriate boxes if child care expenses are to be paid. If not, check the "Not applicable" box.
- Field 26: Fill in this section, and check the appropriate boxes if health care expenses are to be paid. If not, check the "Not applicable" box.
- Field 27: Fill in this section and check the appropriate boxes if educational expenses are to be paid. If not, check the "Not applicable" box.
- Field 28: If an award of exclusive occupancy of the marital residence is to be ordered, insert the appropriate terms, including the address of the marital residence and any other provisions regarding exclusive occupancy. If there is no issue of exclusive occupancy, check the "Not applicable" box. **Note:** A hearing may be held for the court to determine exclusive occupancy unless you and your spouse agree that one of you will remain exclusively in the marital residence.

- Field 29: If there is an agreement or stipulation between the parties, this section must be filled out. Fill in the date the agreement or stipulation was entered. If you have other wishes regarding the survival of this agreement, please notify the court.
- Field 30: A Qualified Medical Child Support Order (Q.M.C.S.O.) must be issued where child support is an issue. The Q.M.C.S.O. is included in the forms booklet as Form UD-8b. Check the box if not applicable.
- Fields 31&32: Complete if you have a separation agreement or a decision of the court. If not, check the "Not applicable" box.
- Field 33: Leave this provision unchanged.
- Field 34: Insert Plaintiff's and/or Defendant's surname before the marriage if different from the current surname.
- Field 35: Fill in this section, and check the appropriate boxes if an award of counsel and/or expert fees is to be made. If not, check the "Not applicable" box.
- Field 36: The court will fill in this section.
- Field 37: The court will fill in this section.

12. PART 130 CERTIFICATION (Form UD-12):

Part 130 of the Rules of the Chief Administrator of the Courts [22 NYCRR] requires that you, or your attorney if you have one, must certify, by signing the form, that every document relating to the divorce action which is served, filed or submitted to the court, is not frivolous as defined in subsection (c) of section 130-1.1. Be sure to type or print your name beneath your signature.

13. REQUEST FOR JUDICIAL INTERVENTION (Form UD-13):

A Request for Judicial Intervention (RJI) form must be completed and submitted with the balance of the divorce papers being filed with the County Clerk's office (see **STEP 9** on page 10). This form requests selected information and is used to assign your case to a judge for review and disposition. When there are children under the age of 18 who are subject to the matrimonial action, you must also complete and submit the Request for Judicial Intervention Addendum Form 840M. Fill out as indicated on the form(s).

14. NOTICE OF ENTRY (Form UD-14):

- Field 1: Insert the county where you brought the action.
Field 2: Print the index number assigned to the case.
Field 3: Print the Plaintiff's name.
Field 4: Print the Defendant's name.
Field 5: Insert the county where you brought the action.
Field 6: Print the date the judgment of divorce was entered. You can find this date by looking at the entry stamp on the judgment. If there is no stamp on the document, you must bring it to the County Clerk's Office and have it entered.
Field 7: List the date you prepared this document.
Field 8: List your name.
Field 9: Write in your address.
Field 10: Write in Defendant's name and address, or, if Defendant has an attorney, the attorney's name and address. Check the appropriate box. You will be sending this Notice of Entry with the Judgment of Divorce to the Defendant as noted on page 12 of the instructions booklet under the heading "After the Papers are Approved".

CERTIFICATE OF DISSOLUTION OF MARRIAGE:

This form is required by the Department of Health. You must fill out the form, although you need not complete the section entitled "Confidential," and submit it to the County Clerk's Office with the filed papers.

POSTCARD:

The forms packet contains a postcard that must be submitted with the filed papers. That postcard must contain the Plaintiff's name, address and the proper postage. It also must contain the name of the case and the index number. The court will use this postcard to notify you of the status of the case, including whether there are any problems with the papers filed.

UCS 111 (DIVORCE & CHILD SUPPORT SUMMARY FORM):

The Unified Court System is required by law to collect various data concerning divorce proceedings involving child support. This form must be completed by the Plaintiff and submitted to the Supreme Court Clerk's Office upon submission of the filed papers. The information reported on the form is confidential and will be used for statistical purposes only. It will not be retained in the permanent case file.

SUPPLEMENTAL APPENDIX OF FORMS INSTRUCTIONS

A. Income Withholding Order/Notice for Support and Application for Child Support Services

A-1 Application for Child Support Services available at:

http://www.nycourts.gov/divorce/divorce_withchildrenunder21.shtml

A-2 FOR USE IN NEW YORK STATE (IWO FORM NON-IV-D – CHILD SUPPORT AND COMBINED CHILD AND SPOUSAL SUPPORT) (*Important Note: This is the the actual Form - Use the Numbered Reference Copy IWO Form Non-IV-D b as a Guide when filling it out*)

If you or your spouse is to receive child support only or combined child support and maintenance (spousal support), and if no child support enforcement services are already being provided through a local district Support Collection Unit (see Instructions on page 11 about whether and how to apply for such services), you or your spouse may ask the Court to issue an Income Withholding Order/Notice for Support or the Court may decide to issue such an order on its own. In either case, the Income Withholding Order/Notice for Support form is the form approved by the federal Office of Management and Budget and must be used. No other form of Income Withholding Order/Notice for Support can be used. If you are the person making the payment, you are the employee/obligor (or debtor). If you are the person receiving the payment, you are the custodial party/obligee (or creditor). *Follow the instructions below:*

A-2 A FOR USE IN NEW YORK STATE (IWO FORM NON-IV-D a – SPOUSAL SUPPORT ONLY) (*Important Note: This is the actual Form - Use the Numbered Reference Copy IWO Form Non-IV-D b as a Guide when filling it out*)

If you or your spouse is to receive maintenance (spousal support) *only*, and if no child support enforcement services are already being provided through a local district Support Collection Unit (see Instructions on page 11 about whether and how to apply for such services), you or your spouse may ask the Court to issue an Income Withholding Order/Notice for Support or the Court may decide to issue such an order on its own. In either case, the Income Withholding Order/Notice for Support form is the form approved by the federal Office of Management and Budget. While not required, this form is recommended for use in New York State for Spousal Support Only IWO's. On IWO Form Non-IV-D a (for Spousal Support Only IWOs) areas not applicable to Spousal Support Only have been grayed out. In addition to graying out fields not applicable to the Spousal Support Only IWO, the other difference from the IWO Form Non-IV-D is that Spousal Support Only IWOs are payable to the "obligee," not the New York State Child Support Processing Center (SDU). If you are the person making the payment, you are the employee/obligor (or debtor). If you are the person receiving the payment, you are the obligee (or creditor). *Follow the instructions below:*

Instructions for IWO Non-IV-D (CHILD SUPPORT AND COMBINED CHILD AND SPOUSAL SUPPORT) and IWO Non-IV-D a (SPOUSAL SUPPORT ONLY)

Fields 1a-1d: Check the applicable box, depending on your situation.

Field 1e: Leave this field blank. The Court will fill in the date when the Income Withholding Order/Notice for Support is signed.

Field 1f: Check the box for "Court."

Field 1g: Write in "New York."

- Field 1h: Leave this field blank.
- Field 1i: Write in the name of the county where your divorce action was filed.
- Field 1j: Fill in the Index number of your Supreme Court divorce action.
- Field 1k: Leave this field blank.
- Field 1l: Leave this field blank
- Field 2a: Fill in the Name of the employer to whom the IWO will be sent and who will be directed to withhold income
- Field 2b: Fill in the mailing address of the employer, including the street, PO Box, city, state and zip code. (This may differ from the employee's worksite). If the employer is a federal government agency, fill in the address listed under Federal Agencies - Addresses for Income Withholding Purposes at:
http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm
- Field 2c: Fill in the employer's nine digit Federal Employer Identification Number (FEIN) if available.
- Field 3a: Fill in the employee's/obligor's last name, first name, middle name.
- Field 3b: Fill in the social security number or other taxpayer identification number of the employee/obligor.
- Field 3c: Fill in the name of the custodial party/obligee
(or obligee on the Spousal Support Only IWO) (last name, first name, middle name)
- Field 3d: Fill in the child(ren)'s last name(s), first name(s), and middle name(s). Note if there are more than six children, attach an additional page. (Or you could utilize the blank space above the lines provided for the first 6 children.)
Note: For Spousal Support Only orders field 3d is not applicable.
- Field 3e: Fill in the child(ren)'s birth date(s) each child named.
Note: For Spousal Support Only orders field 3e is not applicable.
- Field 3f: Write in, "Supreme Court of _____ County." Then fill in County where the divorce action was filed.
- Field 4: Fill in the county where the divorce action was filed.
- Fields 5a- 11c: Fill in the applicable dollar amounts for a specific time period for each type of support. Copy this information from Fields 22 through 27 of the Judgment of Divorce (Form UD-11) For Field 6c, check the appropriate box to indicate whether arrears have accrued for more than 12 weeks.
- NOTE: For Spousal Support Only orders fields 5a, 5b, 6a, 6b, 7a, 7b, 8a and 8b are not applicable.
- Field 12a: Enter the total of the amounts in Fields 5a-11a on Line 12a. This is the total amount to withhold.
- Field 12b: Enter the time period (e.g. week, month) specified in the underlying order for the obligations contained in 5a - 11a.

Fields 13a - 13d:

If you are certain of the employer's pay cycle, enter the value of the obligation in the appropriate field. Only one field need be filled in.

If you are not certain of the employer's pay cycle, you must enter a value in each of these fields. To do this, follow these instructions:

First calculate the amount of the obligation on a yearly basis (i.e., if the amount of the obligation is weekly, multiply it by 52; if biweekly, multiply it by 26; if semimonthly multiply it by 24; or if monthly, multiply it by 12); then take the yearly amount and divide it by the appropriate pay cycle (i.e., if weekly, by 52; if biweekly, by 26; if semimonthly, by 24; and if monthly, by 12). Then enter the recalculated amount in the proper field.

Example 1: Assume the support obligation is \$100.00 biweekly. You know that the employer's pay cycle is monthly. Then you should multiply \$100.00 by 26 to get the yearly obligation (\$2,600.00). Then divide that by 12 to get the monthly obligation (\$216.67). You would then enter that value in field 13d.

Example 2: Maybe you're not sure of the employer's pay cycle. Then you should again multiply \$100.00 by 26 to get the yearly obligation (\$2,600.00). Then divide \$2,600.00 by 52 to get the value for the weekly value (\$50.00); divide \$ 2,600.00 by 26 to get the biweekly value (\$100.00.); divide \$2,600.00 by 24 to get the semimonthly value (\$108.33); and divide \$2,600.00 by 12 to get the monthly value (\$216.67). You should enter these values in fields 13a - 13d.

Field 13a: If the employer's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid weekly

Field 13b: If the employer's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid twice a month

Field 13c: If the employer's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid every two weeks.

Field 13d: If the employer's pay cycle does not correspond with Field 12b, enter the total amount the employer should withhold if the employee is paid once a month.

Field 14: Complete if 1c, above, has been selected.

Fields 15- 24: These Fields have been pre-filled to make it easier for you. For this reason, Fields 15-24 have no numbers. Go to Field 21.

Field 21: "Document Tracking Identifier": Leave the line at the bottom of page 1 blank.

Field 25: Leave this field blank. It is to be filled in by the Employer if applicable.

Note: For Spousal Support Only orders Field 25 is not applicable.

Fields 26- 29 Leave these spaces blank. The Court will fill in this information when the IWO is signed by the Judge.

Field 30: If the employee works in a state different from New York, check this box.

Fields 34a -41: Leave these spaces blank. These are to be filled in by the Employer, if applicable.

Fields 42 -50: Leave this section blank so that it can be filled in by the Court.

Top of Page 3: Copy the information from Fields 2a, 2c, 3a and 1j. Leave the NY Case Identifier field blank.

Now that you have finished completing the Income Withholding Order/Notice for Support, you should submit it to the Supreme Court Clerk for signature by the Judge. *After it is signed by the Judge, you must serve a certified copy of the Income Withholding Order/Notice for Support on the employer and the Defendant.*

A certified copy of the Child Support and Combined Child and Spousal Support orders (IWO Form Non-IV-D) must also be served on the New York State Child Support Processing Center, PO Box 15365, Albany, N.Y. 12212-5365. You may use regular mail, but it is suggested that you file an Affidavit of Service of the IWO order with the Clerk of the Court. Spousal Support Only IWO orders (IWO Form Non-IV-D a) should NOT be served on the New York State Child Support Processing Center.

Important Note: The NYS Office of Temporary and Disability Assistance advises that the Federal Office of Child Support Enforcement has confirmed that if the IWO is issued by a Court, a copy of the underlying order need not be attached to the IWO even in instances where the IWO is served by a litigant or his/her representative acting on the Court's instructions. See Field 1(f) on the first page of the IWO and Fields 26-29 on the second page of the IWO which identify the Issuer. If you have continuing questions about this instruction, you may contact the New York State Child Support Customer Service Helpline at 1-888-208-4485 (TTY: 1-866-875-9975) Monday through Friday 8:00 a.m. - 7:00 p.m.

A-2B Income Withholding Order/Notice for Support Numbered Reference Copy (IWO Form Non-IV-D b)
(Important Note: Do not complete this form. Use it as a guide when filling out the actual Forms)

B. NEW YORK STATE CASE REGISTRY FILING FORM:

Information about child support orders must be filed with the State Case Registry by filing a New York State Registry Filing Form. If a party to the order is receiving child support services from the support collection unit (known as a IV-D case), the support collection unit will report the information. A case is receiving support collection services if: 1) the County Department of Social Services (or, in New York City, HRA) is a party to the order because a child is receiving public assistance benefits, Medicaid or is in foster care; or 2) a party has applied for services including collection and enforcement of the support order. If you are unsure whether the case is receiving child support services, contact the court clerk.

You MUST complete and submit the State Case Registry form:

- a) if your case involves child support or combined spousal and child support and the Court issues an Income Withholding Order/Notice for Support that requires the employer to remit payments to the NYS Child Support Processing Center; or
- b) if the court determines that immediate income withholding is not required by statute and payments are made directly to the custodial party/obligee.

Note: If your support order is generated (or prepared) by Family Court, the court will take care of filing the form, but if your support order is from Supreme Court, you must complete and use the form posted on the Divorce Resources website at: http://www.nycourts.gov/divorce/forms_instructions/case-reg.pdf

You should NOT complete and submit the State Case Registry form:

- a) if your case involves spousal support only; or
- b) if a party to the order is applying for, or receiving, support services from, a local Support Collection Unit pursuant to the child support enforcement program.

If you are required to complete and submit the State Case Registry Form, follow the instructions below:

Name of Court Enter either "Supreme Court" or "Family Court."

County Name Enter the name of the County entering the support order

Index/Docket# Enter the Index or Docket Number.

Child Support Payor

Enter, at a minimum, the first and last name of the child support payor. If there is more than one child support payor, use a separate form to record the information for the additional child support payor.

Social Security Number

Enter the full Social Security number of the child support payor. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is not allowed. An entry of "N/A," "not available," or "not applicable" is not allowed.

Date of Birth (Payor)

Enter the date of birth of the child support payor in the format MM/DD/YYYY.

Child Support Payee

Enter, at a minimum, the first and last name of the child support payee. An entry of "guardian" or other title is not allowed. If there is more than one child support payee, please use a separate form to record the information for the additional child support payee.

Social Security Number (Payee)

Enter the full Social Security number of the child support payee. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is not allowed. An entry of "N/A," "not available," or "not applicable" is not allowed.

Date of Birth (Payee)

Enter the date of birth of the child support payee in the format MM/DD/YYYY.

Child Name Enter, at a minimum, the first and last name of each child covered by the order. If more than three (3) children are covered by the order, use a separate form to record the information for the additional children.

Social Security Number (Child)

Enter the full Social Security number of each child covered by the order. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is not allowed. An entry of "N/A," "not available," or "not applicable" is not allowed.

Date of Birth(Child)

Enter the date of birth of each child covered by the order in the format MM/DD/YYYY.

Order Expiration Inquiry

Provide the expiration date for the child support order. You may either check the first box to indicate that the order expires on the youngest child's 21st birthday or you may check the second box and provide any alternative date provided for under the terms of the support order. Provide the expiration date in the format MM/DD/YYYY.

Family Violence Inquiry

Check the appropriate box to indicate whether a Temporary or Final Order of Protection has been granted on behalf of either party to the order. If "yes" is selected, check the appropriate box to indicate which party has been granted the Order of Protection.

Confidentiality Inquiry

Check the appropriate box to indicate whether a request for confidentiality of address has been granted on behalf of either party. If "yes" is selected, check the appropriate box to indicate the party on whose behalf the confidentiality authorization was made.

B. NOTICE OF SETTLEMENT:

If required by the court, or requested by the Defendant, fill out this form and serve it on the Defendant together with a copy of the orders and/or judgment being settled.

- Field 1: Insert the county in which you are bringing the action.
- Field 2: Insert the index number.
- Field 3: Print the Plaintiff's name.
- Field 4: Print the Defendant's name.

- Field 5: Check the appropriate box or boxes as to the documents that are being noticed for settlement. Specify any other order(s) being submitted.
- Field 6: Insert the address of the court in which the action is pending. Select a date that the Proposed Judgment of Divorce, Qualified Medical Child Support Order or any other order will be presented to the court, and insert that date. Note: the date that is selected must be at least 5 days after you serve the other party personally with a copy of the Proposed Judgment of Divorce, Qualified Medical Child Support Order or any other order; or at least 10 days after the day you serve the other party by mail with a copy of the Proposed Judgment of Divorce, Qualified Medical Child Support Order or any other order.
- Field 7: Insert the date the form is being prepared.
- Field 8: Check the appropriate box as to who prepared the form and fill in the name, address and telephone number of that person.
- Field 9: Check the appropriate box as to the person whom the Notice of Settlement is being served upon and fill in the name, address and telephone number of that person.

POOR PERSON STATUS / WAIVER OF FILING FEES:

The State of New York recognizes that some individuals may lack the financial resources needed to pay the filing fees and court costs associated with filing for an uncontested divorce. The law permits an application for poor person status, thus relieving the person of the obligation to pay those fees, costs and expenses required. You will not be allowed an exemption from the obligation to pay merely because your circumstances are difficult. Rather, you must fill out an affidavit that indicates you are unable to pay the fees and costs associated with the lawsuit and as such will not be able to proceed in the absence of an order granting an exemption.

To request poor person status, you must fill out the Affidavit in Support of Application to Proceed as a Poor Person and the Poor Person Order and file these papers with the County Clerk's Office when you file the summons with notice or summons and verified complaint. Before you file the papers, check with the County Clerk's Office or Supreme Court clerk's office for further instructions and to see if any additional papers are needed to obtain poor person status. Be sure to make and retain copies of the papers. You may be required to serve a copy of each set of papers upon the County Attorney (outside of New York City) or Corporation Counsel (within the City of New York) and your spouse or his/her attorney. You are allowed to serve these papers by mail.

NOTE: If you are incarcerated, you cannot submit the poor person's waiver forms included in this packet. You will need to submit an application pursuant to C.P.L.R. 1101(f).

C. POOR PERSON ORDER:

- Field 1: Insert the county in which you are bringing this action.
- Field 2: Fill in the address of the courthouse where you are submitting the papers.
- Field 3: Leave this section blank. The court will fill in.
- Field 4: Leave this section blank. The court will fill in.
- Field 5: Insert the index number.
- Field 6: Print the Plaintiff's name.
- Field 7: Print the Defendant's name.
- Field 8: Insert the Plaintiff's name.
- Field 9: Insert the Plaintiff's name.
- Field 10: Fill in the appropriate subdivision number and the ground for divorce.
- Field 11: Insert the Plaintiff's name.
- Field 12: Insert the Plaintiff's name.
- Field 13: Insert the Defendant's name.
- Field 14: Leave this section blank. The Judge will sign here.

D. AFFIDAVIT IN SUPPORT OF APPLICATION TO PROCEED AS A POOR PERSON:

- Field 1: Insert the county in which this action is brought.
- Field 2: Print the Plaintiff's name.
- Field 3: Insert the index number.
- Field 4: Print the Defendant's name.
- Field 5: Insert the county in which the Plaintiff signed this document.
- Field 6: Insert the Plaintiff's name.
- Field 7: Fill in the address of Plaintiff, the village where the Plaintiff resides and the county where the Plaintiff resides. In addition, indicate the number of years that the Plaintiff resided in New York State.
- Field 8: Fill in the appropriate subdivision number and the grounds for divorce as indicated at the end of the form.
- Field 9: Plaintiff must list all sources of income including any amounts earned on a weekly, monthly or yearly basis and submit proof. For example, Plaintiff may attach a pay stub, W-2 form or social services identification.
- Field 10: Plaintiff must list any property that he or she has and the value of this property. This must include bank accounts and the amounts in those bank accounts.
- Field 11: Leave this section unchanged.
- Field 12: Leave this section unchanged.
- Field 13: Indicate whether prior requests were made for similar relief.
- Field 14: Plaintiff must sign this document before a notary public.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET

GLOSSARY

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

Abandonment:

A ground for divorce. Abandonment occurs when the Defendant has left the Plaintiff continuously, for a period of one year or more, without the plaintiff's consent.

Addendum:

An attachment.

Adultery:

A ground for divorce. Adultery is any sexual act or deviate sexual act with a partner other than the spouse.

Affidavit of Service:

This document is completed by the person who has served either: (a) the *Summons (Form UD-1a) and Verified Complaint (Form UD-2)*; or (b) the *Summons with Notice (Form UD-1)* for divorce on your spouse. It contains an oath that the papers were properly served. Once completed, the document is submitted with these papers.

Ancillary Relief:

Additional or supplemental relief such as custody, child support, etc.

Calendar Number:

This number is assigned by the court to an action upon the filing of the final papers for divorce with the court.

Cohabit:

To live together as husband and wife.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

Constructive

Abandonment:

A ground for divorce. Constructive Abandonment occurs when the Defendant has refused to engage in sexual relations with the plaintiff, continuously, for a period of one year or more, without the plaintiff's consent.

Contested Divorce:

A divorce action which is defended.

Corroborate:

To support a statement, argument, etc. with confirming facts or evidence.

Counterclaim:

The Defendant's response to the Verified Complaint, contained in the Verified Answer, which asserts as well the Defendant's allegations of his or her own grounds for divorce against the Plaintiff.

**County Clerk's
Office:**

The place where the index number is purchased or obtained and also where the papers in the divorce actions are filed. In many areas, this office is located in the Supreme Court.

**Cruel and Inhuman
Treatment:**

A ground for divorce. Cruel and Inhuman Treatment consists of cruelty, whether physical, verbal, sexual or emotional, committed by the Defendant, against the plaintiff, that endangers the Plaintiff's well-being and makes living together either unsafe or improper.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

- Default Judgment:** A divorce judgment which is obtained against the Defendant when the Defendant fails to respond to the (a) the *Summons (Form UD-1a)* and *Verified Complaint (Form UD-2)*; or (b) the *Summons With Notice (Form UD-1)* for the divorce within the time allowed by law.
- Defendant:** The person whom the divorce is initiated against.
- Domestic Relations Law:** The "DRL" is the body of New York State law that states the law to be followed for divorce and other matrimonial actions.
- Emancipation:** Under New York law, child support must be paid to the age 21. If a child marries, enters the military or become self supporting, the court may consider the child emancipated and child support may be terminated.
- Equitable Distribution:** The manner in which marital property is required to be divided by law in a divorce action in New York State.
- Family Court:** The Family Court in New York has the jurisdiction to decide cases involving child support, custody, visitation, spousal support and family offenses (Orders of Protection). A divorce action cannot be commenced in this court.
- Index Number:** The number assigned to every action or proceeding commenced within the New York State Supreme Court. The number is used to identify a case throughout the court system in that particular county.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

The number is either: (a) purchased; or (b) obtained after a Poor Person Application is filed and approved by the court.

Judgment of Divorce:

A document signed by the court granting the divorce. (Form UD-11).

Maintenance:

Spousal support.

Marital Assets:

Any property, regardless of which person is named as owner, that is acquired by the Plaintiff or Defendant from the date of marriage to the commencement of the divorce action. A house, car, IRA, joint bank account, pension or annuity are all examples of marital property.

Notice of Entry:

Provides proof to the court that a true copy of the divorce judgment was served on the Defendant. (Form UD-12)

Order of Protection:

An order issued by a court that directs one individual to stop certain conduct, such as harassment, against another individual and that may order the individual to be excluded from the residence and to stay away from the other individual, his or her home, school, place of employment and his or her children.

Plaintiff:

The person who starts the divorce action.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

Poor Person

Application:

An application made to the court, by either the Plaintiff or Defendant, stating that because of insufficient income he or she is unable to pay the court fees normally required for divorce actions. If the application is granted by the court, the usual court costs for the divorce action are waived.

Removal of Barriers

to Remarriage:

This form is necessary when the marriage was solemnized in a religious ceremony by a clergyman, minister of any religion, or a leader of The Society for Ethical Culture in the City of New York. It refers to the removal of religious barriers to remarriage.

Summons With Notice:

This document (**Form UD-1**) provides notice to the Defendant that the Plaintiff commenced a divorce action. It also states the relief the Plaintiff has requested. Some of the different types of relief are child support, custody, visitation, spousal maintenance and equitable distribution.

Supreme Court:

Divorce actions are started in this court in New York State.

Supreme Court

Clerk's Office:

An office, separate from the County Clerk's Office, which provides clerical support to the Supreme Court.

**NEW YORK STATE
UNIFIED COURT SYSTEM**

UNIFORM UNCONTESTED DIVORCE PACKET GLOSSARY

| | |
|---|--|
| <u>Third Party:</u> | A party to a court action who is not the Plaintiff or Defendant. |
| <u>Unemancipated Children:</u> (See "Emancipation") | Children under the age of 21 who are supported by a parent or guardian. |
| <u>Uncontested Divorce:</u> | A divorce action in which the Defendant does not respond to the Summons or otherwise agrees not to oppose the divorce. |
| <u>Venue:</u> | The proper or a possible place for the trial of a lawsuit. |
| <u>Verified Answer:</u> | The Defendant's response to the Verified Complaint. The principal difference between a Verified Answer and a counterclaim in a divorce action is that a Verified Answer responds only to the allegations of the Verified Complaint, whereby a counterclaim is added to the Verified Answer to additionally allege that the Defendant seeks a divorce from the Plaintiff. |
| <u>Verified Complaint:</u> | The document containing the Plaintiff's allegations of his or her grounds for divorce. (Form UD-2). |

