F.C.A. §§ 433, 531-a, 580-316

Form 4-24/ 5-16/UIFSA-10
9/2006

ELECTRONIC TESTIMONY APPLICATION AND WAIVER OF PERSONAL APPEARANCE

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of a Proceeding for Support or Paternity
Under Article 4, 5 or 5-B of the Family Court Act

Petitioner,

-against-

DOCKET NO. _____

ELECTRONIC TESTIMONY APPLICATION AND WAIVER OF PHYSICAL PRESENCE

Respondent

NOTICE: If you are requesting permission to testify by telephone or by audio-visual or other electronic means, this form must be submitted IMMEDIATELY to the Court at [specify address and fax number of Court]:

_____

APPLICANT'S NAME: _____
ADDRESS:[1] _____
_____
_____

APPLICANT'S TELEPHONE: (Home): ( ) ___ - _____
(Work): ( ) ___ - _____
FACSIMILE (Fax): ( ) ___ - _____
E-MAIL: _____

1. On _____, I [check applicable box]:
   - ❒ filed the above-captioned petition in the (Family)(Other [specify]:_____) Court, _____ County, State of (New York)(Other [specify]:_____). The hearing is scheduled to take place on [specify date]: _____ .
   - ❒ received a [check applicable box]: ❒ summons ❒ subpoena to appear in Family Court, _____ County, State of New York on [specify date]:_____ .

2. I request that I be permitted to testify or to give my deposition by [check applicable box]:
   ❒ telephone ❒ audio-visual means ❒ other electronic means (specify):_____ .

3. I am making this request for the following reason(s) [check one or more box(es)]:
   - ❒ [Non-New York State Residents Only]: I reside in [specify state or jurisdiction]: and am making this request for the following reason(s) [specify]: _____
     _____
     _____
   - ❒ I reside in _____ County, New York . This county is not the county where the Family Court is located and is not contiguous to (next to) that county.[2]
   - ❒ I am presently incarcerated at [specify facility]:_____I will be incarcerated on the date on which the hearing or deposition is scheduled and I am not expected to be

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[1] Specify if address, telephone or other identifying information has been ordered to be kept confidential pursuant to New York State Domestic Relations Law §§76-h, 254 or Family Court Act §154-b. If your health, safety or liberty or that of your child or children would be put at risk by disclosure of your address or other identifying information, you may apply for an address confidentiality order by submitting General Form GF-21 to this Court. This form is available on-line at www.nycourts.gov .

[2] For purposes of this application, the five counties (boroughs) of New York City are treated as one county.

released until [specify approximate expected date of release]: _____.

❑ It would be an undue hardship for me to testify or to be deposed at the Family Court where the case is scheduled to be heard for the following reason(s) [specify]: _____

_____

4. I understand that prior to my application being granted, it is my responsibility to arrange a location for my testimony or deposition with the Court. I request that I be permitted to testify or be deposed from the following location [check applicable box and include all information]:

❑ The Support Enforcement Agency in my County [specify the name, address and telephone number, including area code]: _____

❑ The Court in my County [specify the name, address and telephone number, including area code]:

_____

_____.

❑ My attorney's office [specify the name, address and telephone number, including area code]:

_____

_____.

❑ Other location [specify name. address and telephone number, including area code]:_____

I am requesting this location because [state reason]: _____

_____

5. I understand that I must confirm final arrangements for testifying by electronic means with this Court by calling the telephone number that will be provided to me. I further understand that the Court will send me a written Order telling me whether this application has been granted or denied and what number I should call to confirm. Please transmit this order by [check box]: ☐ e-mail ☐ facsimile as indicated on the first page of this form.

6. I understand that I have the right to legal counsel to discuss this matter. By this application, I am submitting to the jurisdiction of this Court and I am consenting to the hearing and determination of this matter by this Court without my physical presence.

7. I understand that I have the right to be present at any and all appearances, including any hearing scheduled by the Court. I understand that if I fail to appear on any of the scheduled dates, either in person or by telephone, audio-visual means or other electronic means approved by this Court, this Court may hear the matter in my absence or may issue a **WARRANT** for my arrest. If I am the Petitioner, I understand that if I fail to appear, either in person or by telephone, audio-visual means or other electronic means approved by this Court, the Court may **DISMISS** my petition.

8. **I understand that I must forward to the Court, prior to my scheduled appearance, the completed financial documentation as requested in the attached summons.**

WHEREFORE, for the reasons stated above, I respectfully request that this application be granted.

Dated:_____.

_____

❑ Respondent ❑ Petitioner ❑ Witness

Sworn to before me this
day of , .

_____

(Deputy) Clerk of the Court
Notary Public