

**FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER**

In the Matter of a Proceeding under  
Article 5B of the Family Court Act.

**REQUEST TO TESTIFY IN COURT PROCEEDINGS  
BY TELEPHONE**

FILE#

Petitioner,

DOCKET#

vs.

Respondent.

*Unless you hear from the Court denying your request for a telephone hearing, you may consider your request granted. If your hearing is scheduled in the morning, you must be available between the hours of 9am and 1:00pm Eastern Standard Time. If your hearing is scheduled in the afternoon, you must be available between 1:00pm and 5:00pm Eastern Standard Time. You must resubmit this application via fax to 914-831-6409 if your case is forwarded to a Family Court Judge for further proceedings.*

I, \_\_\_\_\_ am the (circle one) Petitioner/Respondent in the above

action. I reside at \_\_\_\_\_.

A hearing is scheduled in this matter on \_\_\_\_\_ at \_\_\_\_\_ am/pm

New York time, before Hearing Examiner \_\_\_\_\_

at the **Westchester County Family Court of the State of New York, located at 131 Warburton Avenue, Yonkers, New York 10701**, Telephone: 914-831-6555.

*Pursuant to New York State Family Court Act 580-316, I respectfully request that I be permitted to testify in this matter by telephone/audio-visual/other electronic means for the following reasons:*

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

The telephone number that I may be reached at on the date of the hearing is: \_\_\_\_\_

**THIS IS MY (CIRCLE ONE) WORK/HOME/CELL/OTHER**

*I understand that it is my responsibility to provide the Westchester Family Court with a telephone number for the Court to use to telephone me on the scheduled court hearing date and time so that I may testify by telephone.*

*I further understand that I must be available to the Court to testify by telephone for up to a three (3) hour period after the time the court hearing is scheduled, and that if the Court telephones me and I do not answer the phone, the Court can proceed in my absence if I am the Respondent, and grant the relief requested in the petition; or, if I am the Petitioner, the Court may dismiss my petition if there is a failure to establish a prima facie case. I may also seek assistance from my local Child Support Enforcement Agency in order to arrange the telephonic hearing.*

**Any request for information on a case must be made in writing to:**

**Westchester County Office of Child Support Enforcement at 100 East First Street, 5<sup>th</sup> floor, Mt. Vernon, NY 10550-3488, or to your local Office of Child Support Enforcement, and not to the Court.**

DATE: \_\_\_\_\_

**Petitioner**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

*Please print or type name*

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

Notary Public

**For Court Use Only**

Status of Case: