## SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your Highlight Fields option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the Highlight Fields button that is on the far right side of the purple message bar.

COUNTY OF		the purple message bar.
		х
	Plaintiff(s)	CONSENT
- vs -		Index No.:
	Defendant(s)	
		——-Х
<b>?</b> I,		, am the infant 14 years of age or older
named in this proceeding	g and whose funds are th	ne subject of this proceeding. I have the read
		, and hereby consent to
the relief requested.		
		?
		Infant Signature
		Print Name
STATE OF NEW YORK COUNTY OF	) ) ss.:	
On	, 20, befo	ore me personally appeared
	•	known to me or proved his/her identity to me by
•	•	e is subscribed on this consent and acknowledge
to me that he/she execut	ed the same.	
		Notary Public