FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

....

Petitioner,	Docket No.
	ADDRESS
	CONFIDENTIALITY
-against-	AFFIRMATION
Respondent	

....

1. I, [specify name]: _____ , am the ❑ Petitioner ❑ Respondent in the above-named proceeding.

2. I am requesting address confidentiality because [check applicable boxes] :

❑ Disclosure of my address or other identifying information would pose an unreasonable risk to my health or safety or my child(ren)'s health or safety.

❑ I am in a residential program for victims of domestic violence or a shelter provided for parents accompanying abused or neglected children, or a shelter for homeless persons.

❑ I have an address confidentiality order from [specify court or state agency and date]: _____

of the ❑ I have been approved for participation in the Address Confidentiality Program NYS Department of State. My participation expires on [specify date]:

3. [REQUIRED except for participants in the NYS Department of State Address Confidentiality program]: I designate the following person as the agent for service of process and all papers in this case [specify, Clerk of Court, attorney or other person and address]:[1]

4. I agree to inform the person named above as the agent for service of process or, if applicable, the NYS Department of State promptly of any change in my address.

I affirm this ___ day of _____, ____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

_____
Signature

_____
Print or type name

_____
Signature of Attorney, if any

_____
Attorney's Name (Print or Type)

_____
_____
Attorney's Address and Telephone Number

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[1] Any person over the age of 18, who is not a party to the proceeding, or the Clerk of the Court 1 may be designated as the agent for service of process and papers.