

F.C.A. §§ 440, 461, 466, 467,
652; S.S.L. § 111-g

Form 4-13
(Support-Custody-Visitation --
Petition for Enforcement of Order
Made by Another Court)
1/2001

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

In the Matter of a Proceeding for Support
Under Article of the Family Court Act

Docket No.

(Commissioner of Social Services, Assignee
on behalf of , Assignor)

FIRST MI LAST
S.S. # (Assignor)
-against-

Petitioner,

PETITION FOR
ENFORCEMENT OF ORDER
MADE BY ANOTHER COURT
(Support)(Custody)(Visitation)

Respondent.

FIRST MI LAST
S.S. #

TO THE FAMILY COURT:

The undersigned Petitioner respectfully shows that:

1. Petitioner resides at

STREET CITY STATE ZIP

and Respondent resides at

STREET CITY STATE ZIP

2. Petitioner is **Error! Not a valid link. Error! Not a valid link. Error! Not a valid link.** and was the
in an action instituted in the (Supreme Court of the State of New York, County) (Other
court:) entitled , Index No. , and the Respondent was the in said action.

3. A (judgment) (order) dated , was made in the action whereunder the
Respondent was directed to . A true copy of the (judgment)(order) is annexed hereto and made
part hereof.

4. The names, addresses, dates of birth, and social security numbers of all children affected by
this order are:

Names Address Date of Birth Social Security #

5.[Alternative allegations; delete inapplicable provisions]

(a. Under the terms of the (judgment)(order) the (Supreme Court) () has not retained

exclusive jurisdiction to modify said (judgment) (order).

(b. The said Court is a court of competent jurisdiction outside the State of New York).

6. (Upon information and belief) Respondent has (willfully)[delete if inapplicable] failed to comply with the order of the (Supreme Court) () in that (specify provisions of order alleged to be violated and nature of violations):

(except 7. No previous application has been made to any court or judge for the relief herein requested).

8. Petitioner: [alternative allegations,; delete inapplicable clauses]

(a. has made application for child support services with the local Department of Social Services)

(b. hereby makes application for child support enforcement services by the filing of this petition)

(c. does not wish to make application for child support services)

(d. is not eligible for child support enforcement services). [Petitioners seeking only spousal support are ineligible.]

WHEREFORE, Petitioner prays that the Respondent be dealt with in accordance with Article of the Family Court Act.

NOTE:¹ (1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) 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 SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN

¹ Not applicable to out-of-state orders entered in New York State for enforcement purposes only.

TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, 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 TO WHICH AN ADJUSTED ORDER CAN BE SENT, AS REQUIRED BY SECTION 443 OF THE FAMILY COURT ACT. 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.

Date:

Petitioner

valid link.

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Print or type name

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

Enter "UNK" in all fields
where data is not obtainable

FAMILY PROTECTION REGISTRY
INFORMATION SHEET

*****ASTERISKED AREAS ARE REQUIRED*****

**COURT ORI No: NYO 43023J
**ORDER NO: -
**DOCKET/INDEX NO:

**COURT:
**COUNTY:
**DATE OF ISSUANCE:
**EXPIRATION DATE:

Law Enforcement Agency at which Copy of Order is Filed

**NAME: R.C.S.D. **POLICE ORI: NY 0430000

**ACTION TO BE TAKEN:

- New Order
 Order Modified/Finalized
 Corrected Information
(Check ALL corrected information
on ALL documents)

**SERVICE OF ORDER:

- Police to Serve Order Other
 Order served in Court (Date:)
 Notification by Mail (Mail date:)
 Order Previously Served (Date:)
(no new service to be done)

APPLYING PARTY (Party Requesting Order)

**NAME (FIRST) Error! Not a valid link. (M) Error! Not a valid link. (LAST) Error! Not a valid link.

Alias or Nickname: (First) (Last)

**ADDRESS: (STREET) Error! Not a valid link.

(CITY) Error! Not a valid link. (STATE) Error! Not a valid link. **ADDR. CONFIDENTIAL YES
(ZIP) Error! Not a valid link. (COUNTY) **PROTECTED PARTY? YES NO

Phone (home): () - Phone (work): () -

**DATE OF BIRTH: **SEX: MALE FEMALE Social Security Number: Error! Not a valid link.

**RACE: WHITE BLACK NATIVE AMERICAN Height: ' " Eye Color:
 ASIAN/PACIFIC ISLANDER UNKNOWN

**ETHNICITY (select one): HISPANIC NON-HISPANIC Weight: -lbs. Hair Color:

ENJOINED PARTY (Party Whom Order Runs)

**NAME: (FIRST) Error! Not a valid link. (MI) Error! Not a valid link. (LAST) Error! Not a valid link. NYSID:

Alias or Nickname: (First) (Last)

**ADDRESS: (STREET) Error! Not a valid link.

(CITY) Error! Not a valid link. (STATE) Error! Not a valid link. **ADDR. CONFIDENTIAL? YES
(ZIP) Error! Not a valid link. (COUNTY)

Employers Name:

Employers Address: Hours of Employment

Phone (home): () - Phone (work): () -

**DATE OF BIRTH **SEX MALE FEMALE Social Security Number: Error! Not a valid link.

**RACE: WHITE BLACK NATIVE AMERICAN Height: ' " Eye Color:
 ASIAN/PACIFIC ISLANDER UNKNOWN

**ETHNICITY (check one): HISPANIC NON-HISPANIC Weight: -lbs. Hair Color:

License Plate Number: State:

Divers ID:

State:

Mother's Maiden Name:

Is Police Caution Advised? If yes why:

INTERVIEW DATE

ARTICLE #

P.O.

COMPUTER CHECK

COMPANION CASES

COURT DATE/TIME

JUDGE

1. PETITIONER MAIDEN NAME OR AKA

Mailing Address:

Employer:

Days worked:

Emp. Address:

Hours:

Job Title:

Telephone:

Length of Employment:

Soc Sec #:

Public Assistance #:

Present Marriage:

Date:

Prior Marriage/Relationship:

Dates:

Children:

Reason for Term

2. RESPONDENT MAIDEN NAME OR AKA

Mailing Address:

Job Title:

Public Assistance #

Present Marriage:

Date:

Prior Marriage/Relationship:

Dates:

Children:

Reason for Term:

3. Relationship of Parties

Married

Date

Place

Legally Separated Date and Court

Physically Separated Date and Circumstances

4. Have you had police help? Which Dept.

Complaint/Charge filed? Did respondent vacate By order Phone:
Respondent's New Address:

Did matter go to Justice Court? Date: Pending:

Is there a TOP/POP? Terms of order:

5. **CHILDREN IN HOUSEHOLD** Date of Birth/Age Father

6. PSYCHO-SOCIAL HISTORY

A. Alcohol/Substance Abuse History/Treatment
Petitioner

Respondent

B. Emotional History/Treatment
Petitioner

Respondent

C. Criminal History BCI Requested (Date, charge and dispo)
Petitioner

Respondent

D. Medical Date Diagnosis/Condition/Hospital/Treatment Provider
Petitioner

Respondent

E. Significant History or Children's Medical, Mental Health, etc.

F. History of Sexual Abuse
Petitioner

Respondent

G. Child Protective Service Involvement
CPS Worker:

Respondent (s):

Allegations:

Significant History/Impressions:

7. FAMILY OFFENSE Present complaint involves

Verbal Abuse

Serious Physical Injury

Threats to kill

Shoving

Gun

Damage to home

Punching/Hitting

Knife

Children involved

Physical Injury

Other Instrument

Sexually forced

Current Offense:

Time lost from work- Days/Weeks Explanation:

Possession Of Weapons

Type

Where located

Military or Martial Arts

8. CUSTODY/VISITATION Issues:

Is father adjudicated Court Support

**ROCKLAND COUNTY DEPARTMENT OF PROBATION
COMPUTER INPUT FORM**

<input type="checkbox"/> ENTER	<input type="checkbox"/> UPDATE	<input type="checkbox"/> CLIENT ON COMPUTER
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BIRTHDATE:	NAME: Error! Not a valid link. Error! Not a valid link. Error! Not a valid link.
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ADDRESS: Error! Not a valid link.	TOWN: Error! Not a valid link.	STATE: Error! Not a valid link.
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ZIP: Error! Not a valid link.	SS #: Error! Not a valid link.	NYSID #:
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ALIAS:

CASE #:

FATHER:	MOTHER:
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DATE FILED: Error! Not a valid link.	COURT: Rockland Fam Ct
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JUDGE:	PROBATION OFFICER:
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PETITIONER: Error! Not a valid link. Error! Not a valid link. Error! Not a valid link.	ADDRESS: Error! Not a valid link.
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TOWN: Error! Not a valid link.	STATE: Error! Not a valid link.	ZIP: Error! Not a valid link.
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COMPLAINT/CHARGE:

DISPOSITION:	DISPOSITION DATE:
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CLOSING:	STORAGE LOCATION:
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