



NYS Kinship Navigator

HOW TO FILL OUT A CUSTODIAL AFFIDAVIT*

STATE OF NEW YORK

COUNTY OF _____

(NAME OF CUSTODIAN), being duly sworn, deposes and says:

1. I live at (FULL ADDRESS OF CUSTODIAN).
2. (FULL NAME OF CHILD) is my (CHILD'S RELATIONSHIP TO CUSTODIAN) and he/she has been living with me since (RELEVANT DATE).
3. (CHILD'S NAME) intends to reside with me for (LENGTH OF TIME).
4. (STATEMENT EXPLAINING THE DURATION OF THE LIVING ARRANGEMENT [PERMANENT, INDEFINITE, TO BE TERMINATED UPON A SPECIFIC DATE, ACTION OR EVENT].)
5. (STATEMENT OF THE REASONS THE CHILD LIVES WITH THE CUSTODIAN.)
6. (STATEMENT DESCRIBING ANY OTHER LOCATION(S) WHERE THE CHILD LIVES. INDICATE THE LENGTH OF TIME THE CHILD IS AT THE OTHER ADDRESS AND PROVIDE AN EXPLANATION. IF THE CHILD DOES NOT LIVE AT ANY OTHER ADDRESS, SO INDICATE.)
7. (STATEMENT ESTABLISHING WHO PROVIDES THE CHILD WITH FOOD, CLOTHING AND ALL OTHER NECESSITIES.)
8. (CUSTODIAL STATEMENT ASSUMING FULL RESPONSIBILITY FOR ALL MATTERS RELATING TO THE CHILD'S EDUCATION AND MEDICAL CARE.)
9. (STATEMENT OF ANY OTHER RELEVANT FACTS.)

A Program of Catholic Family Center

30 N. Clinton Ave ~ Rochester, NY 14604

(Phone) 877-4KinInfo (877-454-6463) ~ (Fax) 585-454-6286 ~ www.nysnavigator.org



(SIGNATURE OF CUSTODIAN)

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

*Where applicable, this form should be executed individually by each custodian, if applicable.

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HOW TO FILL OUT A PARENT AFFIDAVIT*

STATE OF NEW YORK

COUNTY OF _____

(NAME OF PARENT), being duly sworn, deposes and says:

1. I am the (RELATIONSHIP TO APPLICANT) of (NAME OF APPLICANT).
2. I reside at (ADDRESS OF PARENT).
3. (STATEMENT OF REASONS WHY THE CHILD IS NOT LIVING WITH THE PARENT[S].)
4. (STATEMENT NAMING THE INDIVIDUAL HAVING CUSTODY AND CONTROL OF THE CHILD.)
5. (STATEMENT SETTING FORTH THE CHILD'S CURRENT ADDRESS AND LIVING ARRANGEMENT.)
6. (STATEMENT EXPLAINING THE INITIAL DURATION OF THE LIVING ARRANGEMENT.) (i.e. permanent, indefinite, to be terminated on a specific date, and/or upon a certain action/event, etc.)
7. (STATEMENT DESCRIBING ANY OTHER LOCATION(S) WHERE THE CHILD LIVES. INDICATE THE LENGTH OF TIME THE CHILD IS AT THE OTHER ADDRESS AND PROVIDE AN EXPLANATION. IF THE CHILD DOES NOT LIVE AT ANY OTHER ADDRESS, SO INDICATE.)
8. (IF RELEVANT, STATEMENT CONFIRMING THAT PARENT HAS RELINQUISHED CUSTODY AND CONTROL OF THE CHILD TO THE CUSTODIAN, INCLUDING THE RIGHT TO MAKE DECISIONS PERTAINING TO THE HEALTH, WELFARE AND EDUCATION OF THE CHILD.)
9. (STATEMENT OF ANY OTHER RELEVANT FACTS.)

SIGNATURE OF PARENT

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Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

*Where applicable, this affidavit should be duplicated and completed by each parent or may be adapted for use by his custodial parent where a child lives with a noncustodial parent.

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