

## LEGAL FACT SHEET

### Affidavits\*

#### CUSTODIAL AFFIDAVIT

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:

1. I reside at \_\_\_\_\_.
2. \_\_\_\_\_ is my \_\_\_\_\_ and he/she has been living with me since \_\_\_\_\_.
3. \_\_\_\_\_ intends to reside with me for \_\_\_\_\_.
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

## LEGAL FACT SHEET

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SIGNATURE OF CUSTODIAN

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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NOTARY PUBLIC

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

The above information is not legal advice. It is not a substitute for consulting an attorney. Up-to-date legal advice and legal information can only be obtained by consulting with an attorney. Any opinions, legal opinions, findings, conclusions or recommendations expressed in this publication or on the NYS Kinship Navigator website or by any person or entity to whom you may be referred are those of the Kinship Navigator, Catholic Charities Family and Community Services and/or the person or entity you are referred to and do not necessarily represent the official views, opinions, legal opinions or policy of the State of New York and/or the New York State Office of Children and Family Services (OCFS). NYS Kinship Navigator is a Catholic Charities Family and Community Services program, funded by the New York State Office of Children and Family Services. Catholic Charities Family and Community Services is the only agency authorized by New York State to provide a statewide information and referral service to kinship caregivers. The information herein is published by the NYS Kinship Navigator.

## LEGAL FACT SHEET

### PARENTAL AFFIDAVIT

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:

1. I am the \_\_\_\_\_ of \_\_\_\_\_.
2. I reside at \_\_\_\_\_.
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

## LEGAL FACT SHEET

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\_\_\_\_\_  
SIGNATURE OF PARENT

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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