

LEGAL FACT SHEET

How to Fill Out a Custodial Affidavit*

CUSTODIAL AFFIDAVIT

STATE OF NEW YORK

COUNTY OF _____

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

1. I reside 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 AND
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 FO ALL MATTERS RELATING
TO THE CHILD'S EDUCATION AND MEDICAL CARE)
9. _____
(STATEMENT OF ANY OTHER RELEVANT FACTS.)

LEGAL FACT SHEET

(SIGNATURE OF CUSTODIAN)

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

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

How to Fill Out a Parental Affidavit

PARENTAL 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. **(STATE 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 ARRANGMENT.)**
(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 AND EXPLANATION. IF THE CHILD DOES NOT LIVE AT ANY OTHER ADDRESSES, SO INDICATE.)**
8. **(IF RELEVANT, STATEMENT CONFIRMING THAT THE PARENT HAS RELINQUISHED CUSTODY AND CONTROL OF THE CHILD TO THE CUSTODIAN, INCLUDING THE RIGHT OF MAKE DECISIONS PERTAINING TO THE HEALTH, WELFARE, AND EDUCATION FO THE CHILD.)**
9. **(STATEMENT OF ANY OTHER RELEVANT FACTS.)**

LEGAL FACT SHEET

(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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