ELECTRONIC TESTIMONY APPLICATION AND WAIVER OF PERSONAL APPEARANCE

FAMILY COURT OF THE STATE OF NEW Y COUNTY OF	<u> </u>
n the Matter of a Proceeding for Support or Paternity Under Article 4, 5 or 5-B of the Family Court Act	 Y
Petitioner, -against-	DOCKET NO
	ELECTRONIC TESTIMONY APPLICATION AND WAIVER OF PHYSICAL PRESENCE
Respondent	
NOTICE: If you are requesting permission to	testify by telephone or by audio-visual or other electronic means, to the Court at [specify address and fax number of Court]:
APPLICANT'S NAME:	APPLICANT'S TELEPHONE: (Home): () (Work): ()
ADDRESS: ¹	FACSIMILE (Fax): () E-MAIL:
County, State of (New York)(Other [specify date]:	ne (Family)(Other [specify]:) Court,
2. I request that I be permitted to testify or to ☐ telephone ☐ audio-visual means	give my deposition by [check applicable box]: One other electronic means (specify):
	eason(s) [check one or more box(es)]:]: I reside in [specify state or jurisdiction]: the following reason(s) [specify]:
is located and is not contiguous to (ne I am presently incarcerated at [specify	· · · · · · · · · · · · · · · · · · ·

¹ Specify if address, telephone or other identifying information has been ordered to be kept confidential pursuant to New York State Domestic Relations Law §§76-h, 254 or Family Court Act §154-b. If your health, safety or liberty or that of your child or children would be put at risk by disclosure of your address or other identifying information, you may apply for an address confidentiality order by submitting General Form GF-21 to this Court. This form is available on-line at www.nycourts.gov.

² For purposes of this application, the five counties (boroughs) of New York City are treated as one county.

released until [specify app	-			·				
	☐ It would be an undue hardship for me to testify or to be deposed at the Family Court where the case is scheduled to be heard for the following reason(s) [specify]:							
4. I understand that prior to my ap testimony or deposition w following location [check	ith the Court. I requ	est that I be peri	nitted to testif	•	•			
☐ The Support Enforcement including area code	ent Agency in my Cou e]:				umber,			
☐ The Court in my Count	y [specify the name, a	address and tele	phone number	, including area co	ode]:			
☐ My attorney's office [sp	pecify the name, addr	ress and telephor	ne number, inc	luding area code]:	_•			
Other location [specify I am requesting this lo		_	_	_				
5. I understand that I must concalling the telephone number that Order telling me whether this app Please transmit this order by [che 6. I understand that I have the rithe jurisdiction of this Court and without my physical presence.	will be provided to no blication has been granck box]: ght to legal counsel to	me. I further und nted or denied a facsimile as in o discuss this ma	derstand that the derstand what number and icated on the latter. By this a	ne Court will send er I should call to e first page of this application, I am s	me a written confirm. form.			
7. I understand that I have the ri Court. I understand that if I fail to visual means or other electronic may issue a WARRANT for my by telephone, audio-visual means petition.	o appear on any of the means approved by th arrest. If I am the Pe	e scheduled date is Court, this Coutitioner, I under	s, either in per ourt may hear stand that if I f	son or by telepho the matter in my a ail to appear, eithe	ne, audio- absence or er in person or			
8. I understand that I must for documentation as requested in		- •	eduled appea	rance, the compl	eted financial			
WHEREFORE, f	or the reasons stated a	above, I respect	fully request th	nat this application	ı be granted.			
Dated:								
		\Box R	espondent	☐ Petitioner	☐ Witness			
Sworn to before me this day of ,								
(Deputy) Clerk of the Court Notary Public								