

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

\_\_\_\_\_  
In the Matter of the Review of  
the Status of

Docket No.

Pursuant to Section 1055-a of  
the Family Court Act

PETITION  
(Review of the Status of  
Child Freed for Adoption  
and Permanency Hearing  
-- Foster Parent)

**DEADLINES: THIS PETITION MUST BE FILED BY [Specify date]:<sup>1</sup> AND THE  
PERMANENCY HEARING MUST BE COMPLETED BY [Specify date]:**

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges upon information and belief that:

1. a. Petitioner, \_\_\_\_\_, resides at [specify]:  
\_\_\_\_\_, New York, and is the foster parent of the above-name child.

b. The child [check applicable box]:

? resides with Petitioner at the present time and has done so since (specify):

? resided with Petitioner from [specify dates]: \_\_\_\_\_, but currently

resides at [specify]:

2. a. The child, born on [specify]: \_\_\_\_\_, was placed in foster care  
as a result of a [check applicable box(es)]:

? voluntary foster care placement; ? child abuse or neglect proceeding; ? voluntary surrender.

\_\_\_\_\_  
<sup>1</sup> The petition must be filed at least 60 days prior to the end of the month constituting the 12<sup>th</sup> month of the period of placement or extension thereof, pursuant to Family Court Act §1055 or Social Services Law §392, and annually thereafter, unless the court directs an earlier filing. With respect to a child freed for adoption who has not yet been placed in an adoptive home or a child in an adoptive home but for whom an adoption petition has not yet been filed, the petition must be filed at least 60 days prior to the date six months after the child had been freed, unless the placement or extension are due to expire and a permanency hearing is due to be completed by an earlier date. See F.C.A. §1055-a(3)(c); *Uniform Rules of the Family Court* §205.17(b)(3).

b. The child was freed for adoption as a result of [check applicable box(es); list parents separately, if necessary]:

- ? an order of [specify court and county]: \_\_\_\_\_, dated [specify]: \_\_\_\_\_ terminating the parental rights of [specify]: \_\_\_\_\_ to the child.
- ? a voluntary surrender of the child, dated [specify]: \_\_\_\_\_, executed by [specify]: \_\_\_\_\_
- ? the child's parent or parent(s) have died and there is no surviving parent who would be entitled to notice of, or consent to, an adoption pursuant to Domestic Relations Law §111 or 111-a.

c. [Check applicable box(es)]:

- Q Placement was last extended on [specify date]: \_\_\_\_\_, terminating on [specify date]: \_\_\_\_\_
- Q The last permanency hearing was held regarding this placement on [specify date]: \_\_\_\_\_

3. The child was placed in foster care and has resided with the ? person(s) ? institution(s) named at the address(es) set forth below:

<u>Name of Foster Parent/Institution</u>	<u>Address</u>	<u>Period of Foster Care</u>
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4. [Check applicable box; delete inapplicable provisions; if not known, so indicate]:

? The child has been placed in the following prospective adoptive home [specify]: \_\_\_\_\_

? A petition for adoption ? was filed on [specify date]: \_\_\_\_\_ in [specify court and county]: \_\_\_\_\_

? has not been filed for the following reason(s) [specify]: \_\_\_\_\_

? The child has not been placed in a prospective adoptive home for the following reason(s) [specify]: \_\_\_\_\_

5. There are no persons interested in this proceeding other than those listed above (except [specify]: \_\_\_\_\_)

6. a. According to [check applicable box]: ? the authorized agency ? other source [specify]: \_\_\_\_\_

the permanency plan for the child is as follows [check applicable box(es) and indicate time frame(s)]:

- ? placement in a prospective adoptive by [specify date]: \_\_\_\_\_
- ? filing of an adoption petition by [specify date]: \_\_\_\_\_
- ? referral for legal guardianship by [specify name and date]: \_\_\_\_\_
- ? permanent placement with the following fit and willing relative [specify name]: \_\_\_\_\_ by [specify date]: \_\_\_\_\_
- ? permanent placement in the following alternative planned living arrangement [specify]: \_\_\_\_\_

upon documentation available to the Court, that the following compelling reason(s) indicate(s) that it would not be in the child's best interests to be referred for adoption or legal guardianship or to be placed with a fit and willing relative [specify compelling reasons]:

b. Reasonable efforts to further the above permanency plan [check applicable box; if not known, so indicate]:

were made by the authorized agency as follows [specify]:

were not made based upon the following facts and for the following reasons [specify]:

This assertion is based upon the following information [check applicable box(es)]:

Uniform Case Review, dated [specify]:

Summary of the Uniform Case Record, dated [specify]:

Service Plan, dated [specify]:

The report of [specify]: \_\_\_\_\_, dated [specify]:

Other [specify]:

c. The following impediments exist to fulfillment of this permanency plan [specify, indicating documentary sources of information, if any]:

d. This plan [check applicable box]:

has not changed since the last permanency hearing;

has changed as follows [specify, indicating documentary sources of information, if any]:

e. This plan is in the child's best interests and should be approved without modification because [specify reasons, indicating documentary sources of information, if any]:

7. In the case of a child over the age of 14, the child has [check applicable box]:

consented to adoption by [specify]:

refused to consent to adoption for the following reasons [specify]:

8. The current service plan<sup>2</sup> for the child and, if applicable, the prospective adoptive parent(s), should be approved without modification for the following reasons [specify, indicating documentary sources of information, if any; if any information in service plan is not up-to-date, so indicate]:

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<sup>2</sup> Attach a copy of the service plan, if available.

9. [Required in cases where the child is 16 years of age or older] :

The services needed, if any, to assist the child to make the transition from foster care to independent living are [specify]:

a. These services are being provided by the authorized agency as follows [specify]:

b. These services are not being provided for the following reasons [specify, indicating documentary sources of information, if any; if no services are needed, so indicate]:

10. [Required where the child has been placed out-of-state]

The placement of the child at [specify]: [check applicable box]:

? continues to be ? is not appropriate and in the child's best interests because [specify, indicating documentary sources of information, if any]:

11. The child has the following conditions and special needs [specify]:

<u>Area</u>	<u>Conditions/Special Needs</u>	<u>Services Needed</u>	<u>Services Provided</u>	<u>Last Evaluation</u>
? Medical				
? Developmental				
? Educational				
? Mental Health				
? Other [specify]:				

12. The child ? is ? is not a Native-American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 19901-1963).

13. No previous application has been made to any court or judge for relief herein requested (except [specify]: ).

WHEREFORE, Petitioner(s) request(s) that this Court review the status of the child and hold a permanency hearing pursuant to Section 1055-a of the Family Court Act and enter an order of disposition as follows:

A. Extending the child's foster care for a period of up to one year;

B. Approving the implementation of the above permanency plan for the child by the [check applicable box]:  Petitioner  authorized agency;

C. Directing that, if the child remains in foster care, the  Petitioner  authorized agency must file a petition for a permanency hearing not later than [specify date 60 days prior to the date permanency hearing must be completed]:<sup>3</sup> and

D. granting such other and further relief as the Court deems appropriate, including, but not limited to, the following [indicate specific relief sought]:

Dated:

:

\_\_\_\_\_

Signature of Petitioner Foster Parent

\_\_\_\_\_

Print or type name

\_\_\_\_\_

Signature of Attorney, if any

\_\_\_\_\_

Attorney's Name (Print or Type)

\_\_\_\_\_

\_\_\_\_\_

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK )

)ss.:

COUNTY OF )

being duly sworn, deposes and says:

That (s)he is and is acquainted with the facts and circumstances of the above-entitled proceeding; that (s)he has read the foregoing petition and knows the contents thereof; that the same is true to (his/her) own knowledge except as to those matters therein stated to be alleged upon information and belief, and that as to those matters (s)he believes it to be true.

\_\_\_\_\_  
Petitioner

Sworn to before me this  
day of

\_\_\_\_\_

<sup>3</sup> See F.C.A. §1055-a(3)(c); *Uniform Rules of the Family Court*, 22 N.Y.C.R.R. §205.17(b).

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(Deputy)(Clerk of the Court)  
(Notary Public)