

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

IN THE MATTER OF

Docket #: _____
File #: _____

Petitioner,

REBUTTAL TO
OBJECTION TO
SUPPORT MAGISTRATE ORDER

vs.

Respondent.

I am a Party in the above-entitled proceeding and was served on [specify date]: _____ with specific written objections to the order made by the Support Magistrate on [specify date]: _____. I oppose the objections for the following reasons:

Dated: _____, _____

Signature: Petitioner Respondent

Print or Type Name

Signature of Attorney, if any

(Attorney's name) Print or Type

Attorney's Address and Telephone Number

IMPORTANT: You have the right to file a written response to the objections within 13 days of the service of the written objections to a Support Magistrate's Order. A copy of your response, known as a rebuttal, must be in writing and contain: the name and docket number of the case, the date the objections were served, the specific objections you are answering and the reasons for your rebuttal. It must be served in person or by mail upon the objecting party and his or her attorney, if any, within 13 days of the service of the objection. If the rebuttal is served in person, service must be made by an individual 18 years of age or older who is not a party to this action. You must file the rebuttal with the Clerk of Court, together with an affirmation of service of the rebuttal upon the objecting party and attorney, if any. The affirmation of service form is on the second page of this rebuttal form. All forms are also available at: www.nycourts.gov/forms/familycourt/index.shtml.

This section is REQUIRED:

Affirmation of **Personal Service** **Mail Service** **Other:** _____

FAMILY COURT
STATE OF NEW YORK
COUNTY OF _____:

RETURN DATE: _____
FILE NO.: _____
DOCKET NO. _____

I, _____, affirms and states the following:
(Name of Person Making Service)

**YOU
MUST
Complete
This
Section**

1. That I am at least 18 years of age, and I am not a party to the above action, and reside at:

(Street) (City) (County)

2. On the ____ day of __, 20____, at _____
(Specify time)

at _____ in the City of _____, County of _____,
State of New York, I personally served a copy of:

**Check All
that Apply**

- Order Petition Summons Order to Show Cause Notice of E-filing
 Objections to Support Magistrate Final Order Notice of Motion/Affirmation in Support
 Rebuttal to Objections to Support Magistrate Final Order UCCJEA Notice
on _____, in the above action by [specify how served]: _____

3. I personally served _____ copies of the said papers by
(Name of Person Served)

If Papers

delivering and leaving with _____ at the above time and place.
(Name / to whom papers given)

SERVED

I knew the person so served to be _____
(Name / to whom papers given)

IN PERSON

Complete this

4. a. the person named in the papers as the Respondent Petitioner in this action
b. I believe this person would give the papers to the Respondent Petitioner. (You must also mail a copy and complete paragraph #6)

Section

My perception of the person served was as follows: **NOTE:** Please select the gender designation that most closely matches your perception of the person's gender.

- | | | | | |
|---------------------------------|---|---|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian | <input type="checkbox"/> Under 21 years | <input type="checkbox"/> Under 5'0" | <input type="checkbox"/> Under 100 lbs |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black/African American | <input type="checkbox"/> 21-35 years | <input type="checkbox"/> 5'0" – 5'3" | <input type="checkbox"/> 100-130 lbs |
| <input type="checkbox"/> X | <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> 36-50 years | <input type="checkbox"/> 5'4" – 5'8" | <input type="checkbox"/> 131-160 lbs |
| | <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> 51-65 years | <input type="checkbox"/> 5'9" – 6'0" | <input type="checkbox"/> 161-200 lbs |
| | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> 65-80 years | <input type="checkbox"/> 6'1" – 6'4" | <input type="checkbox"/> 201-240 lbs |
| | <input type="checkbox"/> White | <input type="checkbox"/> Over 80 years | <input type="checkbox"/> Over 6'4" | <input type="checkbox"/> 241-280 lbs |
| | <input type="checkbox"/> Other | | | <input type="checkbox"/> Over 280 lbs |

Eye Color	Hair Color	Hair Length	Facial Hair
<input type="checkbox"/> Amber	<input type="checkbox"/> Black	<input type="checkbox"/> Bald	<input type="checkbox"/> None
<input type="checkbox"/> Blue	<input type="checkbox"/> Blond	<input type="checkbox"/> Balding	<input type="checkbox"/> Goatee
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Crewcut	<input type="checkbox"/> Full beard (short)
<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Short	<input type="checkbox"/> Full beard (long)
<input type="checkbox"/> Green	<input type="checkbox"/> Red	<input type="checkbox"/> Medium	<input type="checkbox"/> Mustache

<input type="checkbox"/> Hazel	<input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shoulder-length <input type="checkbox"/> Long	<input type="checkbox"/> Sideburns
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6. I deposited a true copy of the papers upon _____
(Name of Person Served)

**You Must Complete
IF MAIL
SERVICE
ORDERED BY
COURT or
Paragraph 4b IS
CHECKED**

enclosed in a post-paid envelope in the Post Office a Branch Post Office a Post Office Box

regularly maintained by the United States government at _____

County of _____, State of New York, directed to _____
(Address papers mailed to)

the residence of _____
(Person papers mailed to)

OR

the address within the State designated by (him)(her) to receive communication by mail.

7. The court ordered the papers to be served by the following alternative method:

**Complete this
Section
IF
ALTERNATIVE
SERVICE
DIRECTED BY
COURT**

_____. I, therefore, served the papers as follows:
(Specify method ordered by Court)

(Describe all actions taken, including dates, how and to whom papers were transmitted)

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

(Signature of Person Serving)

(Person Serving: Print or type name)