

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

.....  
In the Matter of

Docket No.  
AFFIRMATION IN SUPPORT OF  
MOTION BY YOUTH TO  
REENTER FOSTER CARE

CIN #  
A Child under 21 Years  
of Age Who Was Discharged From Foster Care

.....  
I, [name]:

, affirm the following:

1. I am under the age of 21 and I was born on [specify date of birth]: \_\_\_\_\_,  
I am making this affirmation in support of my motion for an order to reenter foster care.

2. On [specify date]: \_\_\_\_\_, I was discharged from foster care. At that time, I  
was [check applicable box]:

18 years of age or older and did not consent to remain in foster care,

[specify age]: \_\_ years of age,

and I went to live with [specify, including relationship, if any]:

3. I have no reasonable alternative to foster care because [specify, including any relevant  
facts and circumstances]:

4. **[REQUIRED: check A and applicable boxes, or B or C]:**

A.  I know or have reason to believe that I may be a Native-American child, who may  
be subject to the *Indian Child Welfare Act of 1978* (25 U.S.C. §§ 1901-1963), subject to the  
ultimate determination by the tribe or nation. The following is the basis for my information and  
belief [specify]:

And the following have been notified [check applicable box(es)]:

parent/custodian [specify name and give notification date]:

tribe/nation [specify name and give notification date]:

United States Secretary of the Interior [give notification date]:

**OR**

B.  I know or have reason to believe that I am not a Native-American child, who  
may be subject to the *Indian Child Welfare Act of 1978* (25 U.S.C. §§ 1901-1963),  
subject to the ultimate determination by the tribe or nation. The following is the basis  
for my information and belief [specify]:

**OR**

C.  I do not have information indicating whether I may be a Native-American child, who may be subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963), subject to the ultimate determination by the tribe or nation.

4. [Check applicable box]:

If returned to foster care, I consent to enroll in and attend an appropriate educational or vocational program. I would be interested in the following type of program [specify]:

and agree to cooperate with the department of social services and/or agency with which I am placed with referrals they may make to assist me in enrolling in such a program.

OR

If returned to foster care, it would be unnecessary or inappropriate for me to attend an educational or vocational program because [specify]:

5. It would be in my best interests to return to foster care because [specify]:

6. [Check applicable box(es)]:

The  department of social services  NYC Administration for Children's Services  NYS Office of Children and Family Services  authorized foster care agency has consented to my return to foster care;

OR.

The  department of social services  NYC Administration for Children's Services  NYS Office of Children and Family Services  authorized foster care agency refused to consent to my return to foster care, but I believe this failure to consent was unreasonable because [specify]:

OR

I do not know whether the  department of social services  NYC Administration for Children's Services  NYS Office of Children and Family Services  authorized foster care agency will consent to my return to foster care. NYS Office for Children and Family Services

7. [Check applicable box]:

The  department of social services  NYC Administration for Children's Services  NYS Office of Children and Family Services  authorized foster care agency tried to assist me in finding an alternative to my returning to foster care as follows [specify]:

OR

The  department of social services  NYC Administration for Children's Services  NYS Office of Children and Family Services  authorized foster care agency did not assist me in finding an alternative to my returning to foster care. [Note: If it would not have been possible for the agency to do so, specify reason]:

8. [Check box if applicable]:  I am requesting that this Court enter an order immediately returning me to foster care pending a decision on this motion because [specify reason(s)]:

9. No previous application has been made to any court or judge for the relief herein requested [check box if applicable]:  except [specify, including any prior motions to return to foster care]:

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, except those matters stated upon information and belief and as to those matters, I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

WHEREFORE, I respectfully request that this Court grant my motion for return to foster care and for such other and further relief as it may deem proper.

Dated \_\_\_\_\_, \_\_\_\_\_.

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Signature of Youth

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Print or Type Name

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Signature of Attorney, if any

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Attorney's Name (print or type)

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Attorney's Address and Telephone Number