

F.C.A. §§1091, 1091-a;
S.S.L. §§393, 409-h

Form PH-7c
(Affirmation in Support of Order to
Show Cause by Agency to Return
Youth to Foster Care)
(1/2026)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of

Docket No.
AFFIRMATION IN SUPPORT OF
ORDER TO SHOW CAUSE BY
AGENCY TO RETURN YOUTH
TO FOSTER CARE

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

I, [name]: _____, affirm the following to be true:

1. I am [state title/position and agency]: _____ and am making this affirmation in support of an Order to Show Cause for an order for the above-named former foster youth to return to foster care.

2. The above-named youth, who was born on [specify date of birth]: _____ was discharged from foster care on [specify date]: _____ At that time, the youth was [check applicable box]:

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

[specify]: ___ years of age

and was discharged to live with [specify and include relationship, if any]:

3. The above-named youth has consented to return to foster care and has no reasonable alternative to foster care because [specify, including any relevant facts and circumstances]:

4. [Check applicable box]:

The youth has consented to enroll in and attend an appropriate educational or vocational program and has agreed to cooperate with referrals made to assist in enrolling in such a program.

OR

It would be unnecessary or inappropriate for the youth to attend an educational or vocational program because [specify]:

5. Continuation of the above-named youth's final discharge from foster care would be contrary to his or her best interests and return of the youth to foster care is compelled by the following reason(s) [specify]:

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

Permanency report, sworn to on [specify date]:

- Case record, dated [specify]:
- The report of [specify]: , dated:
- Testimony of [specify]: , on [specify date]:
- Other [specify]:

6. Reasonable efforts, where appropriate, to prevent or eliminate the need for the above-named youth to return to foster care [check applicable box and state reasons as indicated]:

- were made as follows [specify]:

- were not made, (because [specify reason if efforts would have been inappropriate]:).

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

- Permanency report, sworn to on [specify date]:
- Case record, dated [specify]:
- The report of [specify]: , dated:
- Testimony of [specify]: , on [specify date]:
- Other [specify]:

7. [Check box if applicable]: This Court should enter an order immediately returning the above-named youth to foster care pending a decision on this motion because [specify reason(s)]:

8. **REQUIRED if placement in Qualified Residential Treatment Program is requested:**

a). The permanency plan for the child is [specify]: .
This plan has has not changed since the most recent dispositional or permanency hearing.

b). The needs of the child require a higher level of care than can be provided by a foster or therapeutic foster home because [specify]:

c). The child has been placed recommended for placement in [specify name]: a qualified residential treatment program (QRTP).

d). The needs of the child have been assessed by a Qualified Individual as defined in Social Services Law §409-h (5) and a copy of the Qualified Individual's report has been submitted separately is submitted herewith will be submitted within five days of completion but not less than (10) days prior to the date of the first-scheduled hearing on this motion.

e). The following circumstances exist that necessitate the continued placement of the child in the QRTP [specify]:

f). There is no alternative setting available that can meet the child's needs in a less restrictive environment because [specify]:

g).. Continued placement in the QRTP is in the child's best interests because [specify]:

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

A. I know or have reason to believe that the child who is the subject of this proceeding 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 the child who is the subject of this proceeding is 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 have not yet obtained information indicating whether the child who is the subject of this proceeding is 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, because [specify]:

10. 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

for 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 issue an Order returning the above-named youth to foster care and for such other and further relief as it may deem proper.

Dated _____, _____.

Signature of Agency Official or Caseworker

Print or Type Name

Signature of Attorney, if any

Attorney's Name (print or type)

Attorney's Address and Telephone Number