

22 NYCRR 205.53(c)

Adoption Form 10-A  
(Supplemental Affirmation  
Agency)  
(1/2026)

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

In the Matter of the Adoption of  
A Child whose First Name is

(Docket)(File) No.

SUPPLEMENTAL  
AFFIRMATION  
(AGENCY)

(and ) affirm(s) the following:

That (I)(We) (is) (are) the same person(s) who on filed  
in this Court a petition for adoption of the above-named adoptive child. (I)(We) reallege(s) and  
reaffirm(s) each of the matters set forth in the petition heretofore filed and represent(s) to the  
Judge of this Court that there has been no change of circumstances whatsoever since the filing of  
said original petition, dated: , except as follows:

(I)(We) 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 as to those matters stated to be alleged on information and belief and as to those matters  
(I)(we) believe them to be true. (I)(We) understand that this document may be filed in an action  
or proceeding in a court of law.

\_\_\_\_\_  
/\_\_\_\_\_  
Adoptive Parent: typed or printed name/ signature

\_\_\_\_\_  
/\_\_\_\_\_  
Adoptive Parent: typed or printed name / signature

\_\_\_\_\_  
/\_\_\_\_\_  
Adoptive child if over 18: typed or printed name/ signature

\_\_\_\_\_  
/\_\_\_\_\_  
Attorney if any: typed or printed name/signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney's Address and Telephone number