

**\* ADOPTION INTAKE \***

\*Please fill out this intake to the best of your ability, as details are important\* Provide Attorney with copies of all custody/visitation/child support orders, if any, relative to the child.

Today's Date: \_\_\_\_\_

COUNTY YOU RESIDE IN: Montgomery

**ADOPTIVE PARENT'S INFORMATION:**

1) **Name of Person Adopting Child(ren):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Town/City/Village you currently reside in:** \_\_\_\_\_

**Phone #(h)** \_\_\_\_\_ **(w)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Previously married?** \_\_\_\_\_ : **If yes, date previously married:** \_\_\_\_\_

**Previously Married in (city)** \_\_\_\_\_ **in (county):** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Date of Judgment of divorce:** \_\_\_\_\_ **(I need Certified Copy of Judgment)**

**County of Divorce:** \_\_\_\_\_

**Your Religion:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ ; **Highest Education:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Salary (yearly/annual earnings) \$** \_\_\_\_\_ .

**Height:** \_\_\_\_\_ ; **Weight:** \_\_\_\_\_ ;

**Hair Color:** \_\_\_\_\_ ; **Eye Color:** \_\_\_\_\_ ; **Race:** \_\_\_\_\_

**Adoptive Parent's #1 Information:**

Name: \_\_\_\_\_

Is the adoptive parent married to the child's biological parent/if so, who? \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Wages: \_\_\_\_\_

How long has child(ren) lived with the Adoptive parent: \_\_\_\_\_

Date (as specific as possible) you physically obtained child: \_\_\_\_\_

If you obtained custody through court, Name of Court: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Full names of other persons living in the household: \_\_\_\_\_

Upon information and belief, has the child(ren) previously been adopted: \_\_\_\_\_

The full name and address of any person having lawful custody of the adoptive child: \_\_\_\_\_

Does the adoptive parent have any knowledge that the child or an adoptive parent is the subject of an indicated report or is another person named in an indicated report of child abuse or maltreatment: \_\_\_\_\_

Does the adoptive parent have any knowledge of any criminal record concerning themselves or any other adult over the age of 18 residing in the household: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are there any prior or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is the adoptive child an Indian child within the meaning of the Indian Child Welfare Act of 1978: \_\_\_\_\_

The marital status of the adoptive parent is: (married/divorced/single)

The physical and mental health of the adoptive parent is: \_\_\_\_\_

**Has the adoptive parent made any prior application for certification as a qualified adoptive parent:** \_\_\_\_\_ \

**The manner in which the adoptive parent obtained the adoptive child is as follows:**

---

---

---

**Highest Grade/Degree of Education:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Physical Health (excellent/good/fair/poor):** \_\_\_\_\_

**Mental Health (excellent/good/fair/poor):** \_\_\_\_\_

**Diagnosed Conditions:** \_\_\_\_\_

**This Would be 2<sup>nd</sup> Adoptive Parent (if applicable, OR Birth Parent keeping children)**

2) **Name of Person Adopting Child(ren):** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**State of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Town/City/Village you currently reside in:** \_\_\_\_\_  
**Phone #(h)** \_\_\_\_\_ **(w)** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Previously married?** \_\_\_\_\_ : **If yes, date previously married:** \_\_\_\_\_  
**Previously Married in (city)** \_\_\_\_\_ **in (county):** \_\_\_\_\_  
**Maiden Name:** \_\_\_\_\_  
**Date of Judgment of divorce:** \_\_\_\_\_ **(I need Certified Copy of Judgment)**  
**County of Divorce:** \_\_\_\_\_  
**Your Religion:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_;  
**Employer's Name:** \_\_\_\_\_  
**Salary (yearly/annual earnings) \$** \_\_\_\_\_.  
**Height:** \_\_\_\_\_; **Weight:** \_\_\_\_\_;  
**Hair Color:** \_\_\_\_\_; **Eye Color:** \_\_\_\_\_  
**Highest Grade/Degree of Education:** \_\_\_\_\_  
**Race:** \_\_\_\_\_  
**Ethnicity:** \_\_\_\_\_  
**Physical Health (excellent/good/fair/poor):** \_\_\_\_\_  
**Mental Health (excellent/good/fair/poor):** \_\_\_\_\_  
**Diagnosed Conditions:** \_\_\_\_\_

**Adoptive Parent's #2 (or birth parent keeping child) Information:**

Name: \_\_\_\_\_

Is the adoptive parent married to the child's biological parent/if so, who? \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Wages: \_\_\_\_\_

How long has child(ren) lived with the Adoptive parent: \_\_\_\_\_

Date (as specific as possible) you physically obtained child: \_\_\_\_\_

If you obtained custody through court, Name of Court: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Full names of other persons living in the household: \_\_\_\_\_

Upon information and belief, has the child(ren) previously been adopted: \_\_\_\_\_

The full name and address of any person having lawful custody of the adoptive child: \_\_\_\_\_

Does the adoptive parent have any knowledge that the child or an adoptive parent is the subject of an indicated report or is another person named in an indicated report of child abuse or maltreatment: \_\_\_\_\_

Does the adoptive parent have any knowledge of any criminal record concerning themselves or any other adult over the age of 18 residing in the household: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are there any prior or pending proceedings affecting the custody or status of the adoptive child, including any proceedings dismissed or withdrawn: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Is the adoptive child an Indian child within the meaning of the Indian Child Welfare Act of 1978: \_\_\_\_\_

The marital status of the adoptive parent is: (married/divorced/single)

The physical and mental health of the adoptive parent is: \_\_\_\_\_

Has the adoptive parent made any prior application for certification as a qualified adoptive parent: \_\_\_\_\_ \

The manner in which the adoptive parent obtained the adoptive child is as follows:

---

---

---

Are persons #1 & 2 married? If so, date you were married: \_\_\_\_\_,

City/County you were married in: \_\_\_\_\_

**We will need a certified copy of your marriage certificate & a certified copy of the child's birth certificate.**

**If either #1 or #2 have been divorced, we will need certified copy of Judgment of Divorce for each previous marriage before your current marriage**

**We will need copies of any and all Family Court Orders, Decisions, or Consents to Adoption if they involve the adoptive child(ren)**

**Please list everyone living in adoptive household, together with dates of birth for each:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**BIRTH/BIOLOGICAL PARENT'S INFORMATION & DETAILS**

**Child's Biological Mother:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County of Residence \_\_\_\_\_

Phone #(h) \_\_\_\_\_ (w) \_\_\_\_\_

Their Religion: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

**Birth Mother's Information:**

- 1) Biological Mother's Name: \_\_\_\_\_
- 2) Gave birth to child at the following hospital or location, including the date of birth:  
\_\_\_\_\_
- 3) Was paternity determined at the time of birth, if not when: \_\_\_\_\_
- 4) Biological Mother's heritage: (specify nationality, ethnic background, race)  
\_\_\_\_\_
- 5) Biological Mother's religious faith, if any: \_\_\_\_\_
- 6) Biological Mother's Education (specify number of years of school or degrees completed at time of birth of adoptive child): \_\_\_\_\_  
\_\_\_\_\_
- 7) Biological Mother's general physical appearance at time of birth of adoptive child (height, weight, color of hair, eyes, skin) \_\_\_\_\_  
\_\_\_\_\_
- 8) Complete attached medical history of Biological Mother.

9) Any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interest of parent: (attach a separate sheet if necessary)

---

---

---

---

**Mother's:**

<u>Child(ren) Name</u>	<u>Date of Birth</u>	<u>Person Child Lives With</u>
_____	_____	_____
_____	_____	_____

Mother's Height: \_\_\_\_\_; Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_; Hair Color: \_\_\_\_\_

Physical Health (poor/good/excellent): \_\_\_\_\_

Mental Health (poor/good/excellent): \_\_\_\_\_

Diagnosed Conditions (if any): \_\_\_\_\_

State Birth Mother was born in: \_\_\_\_\_

City Birth Mother born in: \_\_\_\_\_



**Child's Biological Father:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ County of Residence \_\_\_\_\_

Phone #(h) \_\_\_\_\_ (w) \_\_\_\_\_

State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

**Birth Father's Information:**

- 1) Biological Father's Name: \_\_\_\_\_
- 2) Was paternity determined at the time of birth, if not when: \_\_\_\_\_
- 3) Biological Father's heritage: (specify nationality, ethnic background, race)  
\_\_\_\_\_
- 4) Biological Father's religious faith, if any: \_\_\_\_\_
- 5) Biological Father's Education (specify number of years of school or degrees completed at time of birth of adoptive child): \_\_\_\_\_  
\_\_\_\_\_
- 6) Biological Father's general physical appearance at time of birth of adoptive child (height, weight, color of hair, eyes, skin) \_\_\_\_\_  
\_\_\_\_\_
- 7) Complete attached medical history of Biological Father.
- 8) Any other information which may be a factor influencing the adoptive child's present or future well-being, including talents, hobbies and special interest of parent: (attach a separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father's**  
**Child(ren) Name**                      **Date of Birth**                      **Person Child Lives With**  
\_\_\_\_\_  
\_\_\_\_\_

**Father's Height:** \_\_\_\_\_;      **Weight:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_;      **Hair Color:** \_\_\_\_\_

**Physical Health (poor/good/excellent):** \_\_\_\_\_

**Mental Health (poor/good/excellent):** \_\_\_\_\_

**Diagnosed Conditions (if any):** \_\_\_\_\_

**State Birth Father was born in:** \_\_\_\_\_

**City Birth Father was born in:** \_\_\_\_\_

**Adoptive Child's Information**

**(if more than one, duplicate this page & fill one in for each child):**

- 1) **Adoptive Child's Full Legal Name:** \_\_\_\_\_
- 2) **Adoptive Child's Date of Birth:** \_\_\_\_\_
- 3) **Adoptive Child's Place of Birth (City/State/County):** \_\_\_\_\_
- 4) **Hospital Child Born at:** \_\_\_\_\_
- 5) **Time of Child's Birth (hours & am/pm)** \_\_\_\_\_
- 6) **Child's Weight at birth:** \_\_\_\_\_
- 7) **Child's Length at birth:** \_\_\_\_\_
- 8) **Name you want child to have after adoption:** \_\_\_\_\_
- 9) **(Complete attached Child's Medical History Form, Form 1-D)**
- 10) **We need a copy of the child's (ren's) certified birth certificate(s)**
- 11) **Religion of adoptive child:** \_\_\_\_\_

NAMES, DATES OF BIRTH AND RELIGION OF ALL SIBLINGS OR HALF-SIBLINGS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if more than 1 child is being adopted, this is 2<sup>nd</sup> child's info)

**Adoptive Child's Information:**

- 1) **Adoptive Child's Full Legal Name:** \_\_\_\_\_
- 2) **Adoptive Child's Date of Birth:** \_\_\_\_\_
- 3) **Adoptive Child's Place of Birth (City/State/County):** \_\_\_\_\_
- 4) **Hospital Child Born at:** \_\_\_\_\_
- 5) **Time of Child's Birth (hours & am/pm)** \_\_\_\_\_
- 6) **Child's Weight at birth:** \_\_\_\_\_
- 7) **Child's Length at birth:** \_\_\_\_\_
- 8) **Name you want child to have after adoption:** \_\_\_\_\_
- 9) **(Complete attached Child's Medical History Form, Form 1-D)**
- 10) **We need a copy of the child's (ren's) certified birth certificate(s)**
- 11) **Religion of adoptive child:** \_\_\_\_\_

NAMES, DATES OF BIRTH AND RELIGION OF ALL SIBLINGS OR HALF-SIBLINGS:

---

---

---

# BACKGROUND INFORMATION

Adoptive Parent's Religion: \_\_\_\_\_

Adoptive Parent's Annual Earnings: \_\_\_\_\_

Religious Faith of adoptive child: \_\_\_\_\_

Highest Level of Education for:

Adoptive Parent: \_\_\_\_\_

Adoptive Parent/Mother: \_\_\_\_\_

Adoptive Parent:

Physical Health (poor, good, excellent)

Mental Health (poor, good, excellent)

Diagnosed Condition(s) if any) \_\_\_\_\_

Adoptive Parent/Mother:

Physical Health (poor, good, excellent)

Mental Health (poor, good, excellent)

Diagnosed Condition(s) if any) \_\_\_\_\_

Involvement with Child Protective/Department of Social Services (if any, need complete history, specifics, dates, etc)

Adoptive Parent: \_\_\_\_\_

Adoptive Parent/Mother: \_\_\_\_\_

Criminal record of: (need complete history, specifics, dates, convictions, etc)

Adoptive Parent: \_\_\_\_\_

Adoptive Parent/Mother: \_\_\_\_\_

**Adoptive Parent & 2<sup>nd</sup> Adoptive Parent or Spouse/Birth Parent keeping child:**

Need list of all addresses that you have resided at since 1973 as follows, or since birth if born AFTER 1973: be sure sure to include street address, city, zip & from/to years

- (ie. 3734 St. HWY 30, Amsterdam, NY 12010 from 1973 to 1984;  
RD 2 Box 80, Broadalbin, NY from 1984 to 1996;  
1 Lafayette Pl, Detroit, MI from 1996 – 2007;  
3734 St. Hwy 30, Amsterdam, NY from 2007 to present)

A) List addresses/dates for Adoptive Parent:

B) List addresses/dates for Adoptive Parent/Mother:

# FINANCIAL INFORMATION

## I. Income

Adoptive Father: Annual Salary/Earnings: \_\_\_\_\_

Adoptive Mother: Annual Salary/Earnings: \_\_\_\_\_

## II. Assets

### Adoptive Father:

a. **Savings Account Balance:** Name Bank \_\_\_\_\_ Balance Amt  
\$ \_\_\_\_\_

b. **Joint Checking Account Balance** Name Bank \_\_\_\_\_ Balance Amt  
\$ \_\_\_\_\_

**Other Accounts Owned** List type of accounts & balance in each account

---

---

---

---

c. **Automobiles** (Year and Make)

d. **Residence Owned** (Address)

e. **Other Real Estate Owned**

f. **Other Assets** (including stocks, bonds, trailers, boat, etc...)

---

---

---

### Adoptive Mother:

c. **Savings Account Balance:** Name Bank \_\_\_\_\_ Balance Amt  
\$ \_\_\_\_\_

d. **Joint Checking Account Balance** Name Bank \_\_\_\_\_ Balance Amt  
\$ \_\_\_\_\_

**Other Accounts Owned** List type of accounts & balance in each account

---

---

---

---

**c. Automobiles** (Year and Make)

**d. Residence Owned** (Address)

**e. Other Real Estate Owned**

**f. Other Assets** (including stocks, bonds, trailers, boat, etc...)

---

---

---

## MEDICAL HISTORY SHEET

Need List from DR/records for all immunizations of child from birth to present



**FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF ALBANY**

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

**Child's Medical History  
(Agency or Private-Placement)**

File No. # \_\_\_\_\_

Docket No. # \_\_\_\_\_

1. Age and date of birth of child: **(nearly yrs; D/O/B: \_\_\_\_\_)**

2. Has the child had any of the following illnesses or health problems:

(Where indicated, specify below or on additional sheet)

- |  |  |
|--|--|
| <input type="checkbox"/> (AIDS Infection)  | <input type="checkbox"/> Hepatitis                                 |
| <input type="checkbox"/> (HIV positive status). <sup>1</sup>                       | <input type="checkbox"/> Kidney disease                            |
| <input type="checkbox"/> Allergy to foods/other substances                         | <input type="checkbox"/> Malaria                                   |
| <input type="checkbox"/> Allergy to medications (prescription or over-the-counter) | <input type="checkbox"/> Mental/Behavioral disorders (specify):    |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Mumps                                     |
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Parasites in stool                        |
| <input type="checkbox"/> Circulatory system disorders (specify):                   | <input type="checkbox"/> Rheumatic Fever                           |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Scarlet Fever                             |
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Sickle Cell Anemia/Trait                  |
| <input type="checkbox"/> German Measles (Rubella)                                  | <input type="checkbox"/> Tuberculosis                              |
| <input type="checkbox"/> Measles (Rubeola)   | <input type="checkbox"/> Typhoid Fever                             |
| <input type="checkbox"/> Hay Fever   | <input type="checkbox"/> Urinary tract infection                   |
| <input type="checkbox"/> Heart problems (specify):                                 | <input type="checkbox"/> Whooping Cough (Pertussis)                |
|  | <input type="checkbox"/> Other (specify):                          |
|  | <input type="checkbox"/> Operations/Accidents/Fractures (specify): |

3. Immunizations: give dates of the following: *(sheet attached)*

- D.P.T/D.T.
- Polio (oral)
- Measles/Mumps/Rubella
- Hemophilus Influenza B. (H.I.B.)
- Heptavax/Hepatitis Immune Globulin HepA:
- Influenza (Flu);
- Pneumonia vaccine;
- Other (specify)
- Tuberculosis test (most recent/result) \_\_\_\_\_

<sup>1</sup> Delete inapplicable provision.

4. List Pre-natal History:

- First trimester bleeding
- Toxemia (high blood pressure or protein in the urine)
- Medications (other than vitamins or iron)
- Diabetes or thyroid problem (specify):

Drugs (such as marijuana, heroin, methadone or amphetamines) (specify):

Alcohol \_\_\_\_\_<sup>2</sup>

Birth:

Birth weight; length \_\_\_\_\_

Apgar score: 1 min. 5 mins.

Date baby was due

Date baby was born:

Complications of delivery:

- Premature rupture of membranes
- Caesarian: routine  emergency \_\_\_\_\_
- Excessive bleeding: abruption \_\_\_\_\_ placenta previa \_\_\_\_\_

Newborn:

- Resuscitation required
- Yellow jaundice:  
lights \_\_\_\_\_ exchange transfusion \_\_\_\_\_
- Infection (specify):
- Breathing problem (specify):
- Other (specify):

5. List congenital impairments, including physical defects, if any.

6. State present health or cause of death (give ages), if known, of:

Birth father:  
Birth mother:  
Siblings: full:  
Siblings: half:

---

<sup>2</sup>Delete inapplicable provision.

7. If known, indicate whether birth mother had any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Asthma  |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Gastrointestinal disease,<br>(e.g., gall bladder, ulcer,<br>irritable bowel disorder)<br>(specify): |
| <input type="checkbox"/> Mental or nervous<br>disorder e.g.,<br>schizophrenia,<br>depression, manic<br>depressive illness<br>(specify): |  |
| <input type="checkbox"/> Thyroid disease  | <input type="checkbox"/> Breast cancer   |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> Colon cancer  |
| <input type="checkbox"/> Sickle cell anemia   | <input type="checkbox"/> Cancer, other (specify):  |
| <input type="checkbox"/> (Aids infection)<br>(HIV positive status)*   | <input type="checkbox"/> Arthritis or rheumatism   |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Kidney disease<br>(specify):  |
| <input type="checkbox"/> Bleeding tendency  | <input type="checkbox"/> Alcoholism or other substance<br>abuse (specify):   |
| <input type="checkbox"/> Eye or ear disorder  | <input type="checkbox"/> Developmental disorder<br>(e.g., learning disability,<br>(attention deficit)(specify):              |
| <input type="checkbox"/> Intellectual Disability  |  |
| <input type="checkbox"/> Physical disability (specify):   | <input type="checkbox"/> Other (specify):  |
| <input type="checkbox"/> Circulatory or blood<br>disorders (specify):   |  |
| <input type="checkbox"/> Obesity  |  |

8. If known, indicate whether birth father had any of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Gastrointestinal disease<br>(e.g., gall bladder, ulcer,<br>irritable bowel disorder)<br>(specify): |
| <input type="checkbox"/> Mental or nervous<br>schizophrenia,<br>depression, manic<br>depressive illness<br>(specify): |   |
| <input type="checkbox"/> Thyroid disease  | <input type="checkbox"/> Colon cancer   |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> Cancer, other<br>(specify):  |
| <input type="checkbox"/> Sickle cell anemia   | <input type="checkbox"/> Arthritis or rheumatism  |
| <input type="checkbox"/> (AIDS infection)<br>(HIV positive status)*   | <input type="checkbox"/> Kidney disease<br>(specify):   |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> Alcoholism or other substance<br>abuse (specify):  |
| <input type="checkbox"/> Bleeding tendency  |   |
| <input type="checkbox"/> Eye or ear disorders   |   |
| <input type="checkbox"/> Retardation: mental  |   |

\_\_\_ Physical disability  
(specify) \_\_\_ Circulatory or blood disorders (specify): **blood clots**  
\_\_\_ Obesity

\_\_\_ Developmental disorder  
(e.g., learning disability, attention deficit disorder)  
(specify): \_\_\_ Other (specify):

Indicate source for information about child's medical history and the source(s) for information about medical history of birth father and birth mother and whether from direct or indirect source: **Information obtained from own personal knowledge and from birth father and medical records of child.**

Completed by (state official title, if any): \_\_\_\_\_

**Name of person who** completed form.

Dated: \_\_\_\_\_

\_\_\_\_\_  
, Petitioner

\_\_\_\_\_  
, Petitioner

\_\_\_\_\_  
**Law Office of Kelly D. Hoyt**  
**Alexander W. Dunshee, Esq., of counsel**  
Post Office Box 1119 (mail)  
215 County Highway 155 (physical)  
Broadalbin, New York 12025  
Phone: (518) 883-4816  
Fax: (518) 883-4501  
Email: [KellyHoyt@Frontier.Com](mailto:KellyHoyt@Frontier.Com)  
<https://KellyHoytLaw.Com>