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**Divorce Forms New York**

**State of New York  
County of \_\_\_\_\_\_\_\_\_\_\_\_**

**Supreme Court of the State of New York**

**In re the Marriage of:  
Petitioner's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_,  
and  
Respondent's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_.**

**Case No.: \_\_\_\_\_\_\_\_\_\_\_\_  
Divorce Forms Packet**

1. **Summons with Notice or Summons and Complaint**
   * Summons Type: [**With Notice**] / [**And Complaint**]
   * Date: \_\_\_\_\_\_\_\_\_\_\_\_
2. **Verified Complaint**
   * Grounds for Divorce: \_\_\_\_\_\_\_\_\_\_\_\_
   * Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_
   * Place of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_
   * Children of the Marriage: Yes [**] No [**]
   * Details (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_
3. **Annual Income Worksheet**
   * Petitioner's Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_
   * Respondent's Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_
4. **Statement of Net Worth**
   * Assets: \_\_\_\_\_\_\_\_\_\_\_\_
   * Liabilities: \_\_\_\_\_\_\_\_\_\_\_\_
   * Monthly Expenses: \_\_\_\_\_\_\_\_\_\_\_\_
5. **Notice of Automatic Orders**
   * Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_
6. **Notice Concerning Continuation of Health Care Coverage**
   * Date: \_\_\_\_\_\_\_\_\_\_\_\_
7. **Additional Forms for Uncontested Divorce (if applicable)**
   * Affidavit of Defendant: Completed [**] Not Completed [**]
   * Sworn Statement of Removal of Barriers to Remarriage: Required [**] Not Required [**]
   * Findings of Fact and Conclusions of Law: \_\_\_\_\_\_\_\_\_\_\_\_
   * Judgment of Divorce: \_\_\_\_\_\_\_\_\_\_\_\_

**Filing Location:**

* County Clerk's Office, [Specify County] \_\_\_\_\_\_\_\_\_\_\_\_

**Filing Fees:**

* Paid [**] Fee Waiver Requested [**]

**Service of Process:**

* Date Served: \_\_\_\_\_\_\_\_\_\_\_\_
* Method of Service: \_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Petitioner:**

* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_