

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