

**ELECTRONIC TESTIMONY APPLICATION  
AND WAIVER OF PERSONAL APPEARANCE**FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_  
.....

-against-                      Petitioner,

DOCKET NO. \_\_\_\_\_

Respondent  
.....

NAME: \_\_\_\_\_

TELEPHONE: (Home): (    ) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Work): (    ) \_\_\_\_ - \_\_\_\_\_

FACSIMILE (Fax): (    ) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

1. On \_\_\_\_\_, I [check applicable box]:

☐ filed the above-captioned petition in the (Family)(Other [specify]: \_\_\_\_\_) Court, \_\_\_\_\_  
County, State of (New York)(Other [specify]: \_\_\_\_\_). The hearing is scheduled to take place on  
[specify date]: \_\_\_\_\_.☐ received a [check applicable box]: ☐ summons    ☐ subpoena    to appear in Family Court, \_\_\_\_\_  
County, State of New York on [specify date]: \_\_\_\_\_.

2. I request that I be permitted to testify or to give my deposition by [check applicable box]:

☐ telephone    ☐ audio-visual means    ☐ other electronic means (specify): \_\_\_\_\_.

3. I am making this request for the following reason(s) [check one or more box(es)]:

☐ [Non-New York State Residents Only]: I reside in [specify state or jurisdiction]: \_\_\_\_\_  
and am making this request for the following reason(s) [specify]: \_\_\_\_\_  
\_\_\_\_\_☐ I reside in \_\_\_\_\_ County, New York. This county is not the county where the Family Court  
is located and is not contiguous to (next to) that county.<sup>1</sup>☐ I am presently incarcerated at [specify facility]: \_\_\_\_\_ I will be  
incarcerated on the date on which the hearing or deposition is scheduled and I am not expected to be  
released until [specify approximate expected date of release]: \_\_\_\_\_.☐ It would be an undue hardship for me to testify or to be deposed at the Family Court where the case is  
scheduled to be heard for the following reason(s) [specify]: \_\_\_\_\_  
\_\_\_\_\_4. I understand that prior to my application being granted, it is my responsibility to attempt to arrange with the  
Support Enforcement Agency in my County or the Court responsible for support enforcement in my County to assist  
in scheduling my testimony or deposition with the Court. I request that I be permitted to testify or be deposed from  
the following location [check applicable box]:  
\_\_\_\_\_<sup>1</sup> For purposes of this application, the five counties (boroughs) of New York City are treated as one county.

☐ The Support Enforcement Agency in my County [specify the name, address and telephone number, including area code]: \_\_\_\_\_

☐ The Court in my County [specify the name, address and telephone number, including area code]: \_\_\_\_\_

☐ My attorney's office [specify the name, address and telephone number, including area code]: \_\_\_\_\_

☐ Other location [specify name, address and telephone number, including area code]: \_\_\_\_\_  
I am requesting this location because [state reason]: \_\_\_\_\_

5. I understand that I must confirm final arrangements for testifying by electronic means with the Court by calling telephone number \_\_\_\_\_. I further understand that the Court will send me written confirmation of the decision regarding my application, time permitting.

6. I understand that I have the right to legal counsel to discuss this matter. By this application, I am submitting to the jurisdiction of this Court and I am consenting that the Court hear and determine this matter without my personal appearance.

7. I understand that I have the right to be present at any and all appearances, including any hearing scheduled by the Court. I understand that if I fail to appear on any of the scheduled dates, either in person or by telephone, audio-visual means or other electronic means approved by this Court, this Court may hear the matter in my absence or may issue a **WARRANT** for my arrest. If I am the Petitioner, I understand that if I fail to appear, either in person or by telephone, audio-visual means or other electronic means approved by this Court, the Court may **DISMISS** my petition.

8. I understand that I must forward to the Court, prior to my scheduled appearance, the completed financial documentation as requested in the attached summons.

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

☐ Respondent      ☐ Petitioner      ☐ Witness

Sworn to before me this  
day of \_\_\_\_\_,

\_\_\_\_\_  
(Deputy) Clerk of the Court  
Notary Public

**TO BE FILLED OUT BY FAMILY COURT:**

Please be advised that your Electronic Testimony Application is:

☐ **Granted.** Please telephone the Court on (date) \_\_\_\_\_ (time) \_\_\_\_\_  
at this number (\_\_\_\_); and be prepared to present your testimony.

☐ **Denied** for the reasons indicated below:

\_\_\_\_\_  
If denied, you must **personally appear** at this Court on the scheduled date and time for the hearing.