

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT TO NEW YORK STATE
COURT DETERMINATION OF PARENTAGE**
PLEASE TYPE or WRITE LEGIBLY.
Instructions on the back of this form

1a. COURT CODE

1. COURT DETERMINATION1b. Select One Order of Filiation (go to 1f.) or Judgment of Parentage (go to 1c.)

1c. Is this report pursuant to a surrogacy agreement?

 Yes No1d. If "Yes" to 1c., were the **adjudicated parents** married at the time of child's birth? Yes No

1e. If "No" to 1c., enter responses to both of the following questions:

1. Was the **birth parent** married at the time of child's birth? Yes No2. Is the **other (adjudicated) parent** the **biological/genetic father** of the child? Yes No

1f. DOCKET NO.	1g. DATE OF ORDER (MM/ DD/ YYYY) / /
1h. COURT	

2. ADJUDICATED PARENT

2a. Is this person the birth parent?

 Yes No (response required)

2b. Is this person determined to be the father?

 Yes No (response required)

2c. ADJUDICATED PARENT NAME (Last, First, M.I.)	
2d. SOCIAL SECURITY NUMBER - -	2e. DATE OF BIRTH (MM/ DD/ YYYY) / /
2f. NUMBER AND STREET	
2g. CITY AND STATE	2h. ZIP CODE

3. CHILD

3a CHILD'S NAME (Last, First, M.I.)	
3b. SOCIAL SECURITY NUMBER - -	3c. DATE OF BIRTH (MM/ DD/ YYYY) / /

4. ADJUDICATED PARENT4a. Is this person determined to be the **father**?Yes No (response required)

4b. ADJUDICATED PARENT NAME (Last, First, M.I.)	
4c. SOCIAL SECURITY NUMBER - -	4d. DATE OF BIRTH (MM/ DD/ YYYY) / /
4e. NUMBER AND STREET	
4f. CITY AND STATE	4g. ZIP CODE

REPORTED BY CLERK OF THE COURT (SIGNATURE/SEAL)

Instructions for Completing the **LDSS-2726, Report to New York State Court Determination of Parentage** (Pursuant to Section 254 of the Judiciary Law and Section 372-c of the Social Services Law)

1. COURT DETERMINATION SECTION

- 1a.** Fill in Court Code – Enter code of the county of the location of this court.
- 1b.** Check only one box to indicate whether the court determination of parentage is contained in an Order of Filiation, OR a Judgment of Parentage. If an Order of Filiation, *skip to (1f)*. If Judgment of Parentage, *go to (1c)*.
- 1c.** Check box to indicate whether parentage is pursuant to a surrogacy agreement.
- 1d.** If “YES” to **1c.** (i.e., a surrogacy agreement exists), check box indicating whether the adjudicated parents were married to each other at the time of child’s birth.
- 1e.** If “NO” to **1c.** (i.e., no surrogacy agreement exists), answer both **1e.1** and **1e.2**:
 - 1e.1.** Check box to indicate if the adjudicated parent who gave birth to the child (birth parent) was married at the time of child’s birth. Birth parent information will be entered in *Section 2 ADJUDICATED PARENT.*
 - 1e.2.** Check box to indicate if the adjudicated parent who did not give birth to the child is the biological/genetic father of the child. This parent’s information will be entered in *Section 4 ADJUDICATED PARENT.*
- 1f.-1g.** Fill in Docket Number and Date of Order using MM/DD/YYYY format

1h. Fill in Court name.

2. ADJUDICATED PARENT SECTION (An “adjudicated parent” is a person who has been determined by the court to be the parent of the child). Enter birth parent information in this section. (when applicable).

- 2a.** Check box to indicate if this Adjudicated Parent is the birth parent. ***This is a required field.***
- 2b.** Check box to indicate if this Adjudicated Parent is determined to be the father. ***This is a required field. Note:*** a genetic connection to the child is not required to respond “Yes” to this question.
- 2c.** Fill in the name of this Adjudicated Parent using Last name, First name, Middle initial format.
- 2d.-2e.** Fill in this Adjudicated Parent’s Social Security number (9 digits required) and Date of Birth using MM/DD/YYYY format
- 2f.-2h.** Fill in this Adjudicated Parent’s address: Number, Street, City, State, and Zip Code.

3. CHILD SECTION

- 3a.** Fill in Child’s Name using Last name, First name, Middle initial format.
- 3b.-3c.** Fill in Child’s Social Security number (9 digits required) and Date of Birth using MM/DD/YYYY format.

4. ADJUDICATED PARENT SECTION

- 4a.** Check box to indicate if this Adjudicated Parent is determined to be the father. **Note:** a genetic connection to the child is not required to respond “Yes” to this question. ***This is a required field.***
- 4b.** Fill in the name of this Adjudicated Parent using Last name, First name, Middle initial format.
- 4c.-4d.** Fill in this Adjudicated Parent’s Social Security number (9 digits required) and Date of Birth using MM/DD/YYYY format.
- 4e.-4g.** Fill in this Adjudicated Parent’s address: Number, Street, City, State, and Zip Code.