

SAMPLE / GUIDE  
RESPONDENT – ID.

THE FOLLOWING INFORMATION IS REQUESTED  
IN ORDER TO COMPLY WITH  
MENTAL HYGIENE LAW SECTIONS 709, 1309 AND  
JUDICIARY LAW SECTION 212 (2)

The name, address, date of birth, social security number and sex of the  
alleged mentally retarded or developmentally disabled person is as follows:

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

Address: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ RESPONDENT'S DOB \_\_\_\_\_

Social Security No.: \_\_\_\_\_ S.S. # \_\_\_\_\_

Completed By: \_\_\_\_\_  
(Affix Signature)

\_\_\_\_\_  
(Print Name)

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

Note: This form will not be available to the public.