The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

**PETITION FOR GUARDIANSHIP OF A MINOR**

## Petitioner Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|  |  |  |  |  |
| D.O.B. |  | D.O.B. |  |  |
|  |  |  |  |  |
| Street Address |  | Street Address |  |  |
|  |  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  | Petition Number |
|  |  |  |  |  |
| City/State/Zip Code |  | City/State/Zip Code |  |  |
|  |  |  |  |  |
| Phone Number |  | Phone Number |
|  |  |  |
| Attorney Name |  | Attorney Name |
|  |  |  |
| Interpreter needed?  Yes  No |  | Interpreter needed?  Yes  No |
| Language |  | Language |

## 2nd Petitioner (if any) 2nd Respondent (if any)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
|  |  |  |  |
| D.O.B. |  | D.O.B. |  |
|  |  |  |  |
| Street Address |  | Street Address |  |
|  |  |  |  |
| P.O. Box Number |  | P.O. Box Number |  |
|  |  |  |  |
| City/State/Zip Code |  | City/State/Zip Code |  |
|  |  |  |  |
| Phone Number |  | Phone Number |  |
|  |  |  |  |
| Attorney Name |  | Attorney Name |  |
|  |  |  |  |
| Interpreter needed?  Yes  No |  | Interpreter needed?  Yes  No |  |
| Language |  | Language |  |

|  |
| --- |
| Name |
|  |
| D.O.B. |
|  |
| Street Address |
|  |
| P.O. Box Number |
|  |
| City/State/Zip Code |
|  |
| Phone Number |
|  |
| Attorney Name |
|  |
| Interpreter needed?  Yes  No |
| Language |

*Guardian Ad Litem (if any)*

**Does this matter relate to a federal immigration case?**  YES  NO

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child for**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | Child’s Date of Birth |  | Child’s Place of Birth  (City, State) |  | Child’s Gender (Check one) |
|  |  |  |  |  |  | Male Female |
|  |  |  |  |  |  | Male Female |
|  |  |  |  |  |  | Male Female |

**which petitioner wants guardianship**. Attach additional sheets if necessary.)

**Petitioner’s relationship to the child(ren)** (select one relationship from choices below)

brother or sister  grandparent or great-grandparent  aunt or uncle  first cousin

grandaunt or granduncle  half-brother or half-sister  non relative

|  |  |  |
| --- | --- | --- |
| other relative: | please explain: |  |

1. Complete the table below regarding the child(ren)’s parents (individuals holding parental rights):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NAME |  | Address |  | Date of Birth |
| MOTHER |  |  |  |
| FATHER |  |  |  |

1. If you do not know the name/address of the child(ren)’s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

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► I have attached to this Petition the following affidavits:

**Affidavit that a Party’s Address is Unknown**

1. Name(s) of the person(s) or organization **holding parental rights** of the child(ren):

|  |
| --- |
|  |
|  |

Address of person(s) or organization:

1. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren):

|  |
| --- |
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|  |

Address of person(s) or organization if address is different from address of Petitioner(s):

1. Name(s) of the person(s) **to whom guardianship** shall be vested if this Petition is granted

|  |
| --- |
|  |
|  |

Address of person(s) or organization if address is different from address of Petitioner(s):

1. Proposed guardian(s)’ relationship to child(ren) if proposed guardian is **NOT** the Petitioner:

|  |
| --- |
|  |

1. Please check all that apply:

The following child(ren) is/are not yet 14 years of age or older: OR

The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition (*Attach Affidavit of Consent executed by each child(ren) who consents*) Name(s) of child(ren) 14 years of age or older who consent(s):

|  |
| --- |
|  |

The child(ren) is/are 14 years of age or older does/do NOT consent to (agree with) this Petition. Name(s) of child(ren) 14 years of age or older who do NOT consent:

|  |
| --- |
|  |

1. I am filing this petition because: (Check ALL that apply)

The child(ren)’s parent(s) agree that I/we should become the guardian(s) of the child(ren) (Attach an Affidavit of Consent executed by the parent(s) who agree).

The child(ren)’s parent(s) are deceased. (Attach a certified copy of the death certificate)

The child(ren) is/are dependant, neglected and/or abused based on the following reason(s):

|  |
| --- |
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|  |

**NOTICE – This request for guardianship, if filed by a non-relative as defined in *10 Del. C. § 901,* is subject to an assessment conducted by the Department of Services for Children, Youth and Their Families, as required by 31 *Del. C*. § 351.**

**WHEREFORE**, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Petitioner |  | Date |  | 2nd Petitioner (if any) | |  | | Date | |
|  | | | | | | | | | |
| Sworn to subscribed before me: | | | | Sworn to subscribed before me: | | | | | |
|  | | | | | | | | | |
|  |  |  |  |  |  | |  | |
| Clerk of Court/Notary Public |  | Date |  | Clerk of Court/Notary Public |  | | Date | |