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.

|  |
| --- |
|       |
|       |
|       |
|       |
|       |

► 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):

|  |
| --- |
|       |
|       |

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):

|  |
| --- |
|       |
|       |
|       |
|       |
|       |

**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 |