**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

|  |  |  |  |
| --- | --- | --- | --- |
| DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES/ DIVISION OF FAMILY SERVICES |  | File No.: |       |
| Petition No.: |       |
| Petitioner |  |  |
| V. |  |  |
|  |  |  |
|       | (DOB: |       | ) |  |
|       | (DOB: |       | ) |  |
|       | (DOB: |       | ) |  |
| Respondent(s) |  |  |
|  |  |  |
| IN THE INTEREST OF (include last name): |
|  |
| Name |  | DOB |  | Name |  | DOB |
|       |  |       |  |       |  |       |
| Name |  | DOB |  | Name |  | DOB |
|       |  |       |  |       |  |       |
| Name |  | DOB |  | Name |  | DOB |
|       |  |       |  |       |  |       |
| Name |  | DOB |  | Name |  | DOB |
|       |  |       |  |       |  |       |

|  |
| --- |
| **PRAECIPE IN DEPENDENCY/NEGLECT PETITION FOR CUSTODY** |
|  |
| TO: Clerk of Court: |
|  |
| Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses: |
|  |
| Respondent 1: |
| Name: |   |  | Street Address: |       |
| PO Box: |       |  | City/State/ZIP: |       |
| Email: |       |  |
| Respondent 2: |
| Name: |   |  | Street Address: |       |
| PO Box: |       |  | City/State/ZIP: |       |
| Email: |       |  |
| Respondent 3: |
| Name: |   |  | Street Address: |       |
| PO Box: |       |  | City/State/ZIP: |       |
| Email: |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Hours likely to be served: |       |  | [ ]  Unknown |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |       |  |       |  |       |
|  |  |  | Attorney/Petitioner Print Name |  | Attorney/Petitioner Signature |



**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

|  |
| --- |
| **DEPENDENCY/NEGLECT PETITION FOR CUSTODY** |
|  |
|  | *Petitioner* |  |  | *Respondent 1* |  |  |
| DFS/Worker Name |  | Name |  | File Number |
|       |  |   |  |
|  | [ ]  | 92 Christina RoadNew Castle, DE 19720 |  | D.O.B. | Phone Number |  |   |
|  |   |       |  |
|  | [ ]  | 821 Silver Lake BlvdDover, DE 19904 |  | Street Address (Including Apt) |  | Petition Number |
|  |   |  |
|  | [ ]  | Georgetown Service Center546 South Bedford StreetGeorgetown, DE 19946 |  | P.O. Box Number |  |   |
|  |   |  |
| Attorney Name |  | City/State/ZIP Code |  |  |
|   |  |   |  |  |
|  |  | Attorney Name |  |  |
|  |  |       |  |  |
|  |  | Interpreter Needed? | [ ]  Yes | [ ]  No |  |  |
|  |  | Language: |       |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | *Respondent 2* |  |  | *Respondent 3* |  |  |
| Name |  | Name |  |  |
|   |  |   |  |  |
| D.O.B. | Phone Number |  | D.O.B. | Phone Number |  |  |
|   |       |  |   |       |  |  |
| Street Address (Including Apt) |  | Street Address (Including Apt) |  |  |
|   |  |   |  |  |
| P.O. Box Number |  | P.O. Box Number |  |  |
|   |  |   |  |  |
| City/State/ZIP Code |  | City/State/ZIP Code |  |  |
|   |  |   |  |  |
| Attorney Name |  | Attorney Name |  |  |
|       |  |       |  |  |
| Interpreter Needed? | [ ]  Yes | [ ]  No |  | Interpreter Needed? | [ ]  Yes | [ ]  No |  |  |
| Language: |       |  | Language: |       |  |  |

|  |
| --- |
| IN THE INTEREST OF (include last name): |
| Name | D.O.B. |  | Name | D.O.B. |
|   |   |  |   |   |
| Name | D.O.B. |  | Name | D.O.B. |
|   |   |  |   |   |
| Name | D.O.B. |  | Name | D.O.B. |
|   |   |  |   |   |
| Name | D.O.B. |  | Name | D.O.B. |
|   |   |  |   |   |

Have all the child(ren) named in the Petition continually resided with one another? [ ]  Yes [ ]  No

Address(es) where the Child(ren) have resided for the past twelve (12) months beginning with current address.

**If the address where the child(ren) currently reside(s) is a confidential address in Family Court DO NOT provide the address on this form. Instead, mark the fields as CONFIDENTIAL.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address |  | City |  | State |  | Zip Code |
|       |  |       |  |       |  |       |
|  |  |  |  |  |  |
| Dates Child(ren) resided at this address: |  |       | to | present. |  |
|  |  |  |  |  |
| Address where child(ren) previously resided |  | City |  | State |  | Zip Code |
|       |  |       |  |       |  |       |
|  |  |  |  |  |  |
| Date(s) child(ren) lived there: |  |       | to |       | . |
|  |  |  |  |  |
| Address where child(ren) previously resided |  | City |  | State |  | Zip Code |
|       |  |       |  |       |  |       |
|  |  |  |  |  |  |
| Date(s) child(ren) lived there: |  |       | to |       | . |

|  |  |
| --- | --- |
| [ ]  | Petitioner is aware of other Court actions such as Protection from Abuse, Termination of Parental Rights, |
|  | Guardianship, Adoption, or past Dependency/Neglect Petitions that could affect this petition. *If you check*  |
|  | *this box, complete information below.* |  |  |
|  |  |  |  |
| Type of action (e.g., Guardianship, TPR, other) |  | Person who filed the action |  | State |
|       |  |       |  |       |
|  |  |  |  |
| Court |  | Case Number |  | Date of Order |
|       |  |       |  |       |
|  |  |  |  |
| Type of action (e.g., Guardianship, TPR, other) |  | Person who filed the action |  | State |
|       |  |       |  |       |
|  |  |  |  |
| Court |  | Case Number |  | Date of Order |
|       |  |       |  |       |
|  |  |  |  |
| Type of action (e.g., Guardianship, TPR, other) |  | Person who filed the action |  | State |
|       |  |       |  |       |
|  |  |  |  |
| Court |  | Case Number |  | Date of Order |
|       |  |       |  |       |

|  |
| --- |
| The child(ren) are: |
| [ ]  | Dependent as defined by 10 *Del. C.* § 901(8). |
| [ ]  | Neglected as defined by 10 *Del. C.* § 901(18). |
| [ ]  | Abused as defined by 10 *Del. C.* § 901(1). |

|  |
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| In support of the allegations in the preceding paragraph, the Petitioner alleges the following facts: |
|       |

|  |
| --- |
| **WHEREFORE, Petitioner prays that the aforementioned child(ren) be declared dependent, neglected,** |
| or abused and that custody be awarded to the Department of Services for Children, Youth, and their Families/Division of Family Services. |

|  |  |  |
| --- | --- | --- |
|   |  |       |
| Print Name |  | Deputy Attorney General |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |       |  | Bar ID # : |       |

|  |
| --- |
| **Unsworn Declaration Made Under Penalty of Perjury** |
|  |
| Pursuant to Section 3927 of Title 10 of the Delaware Code, Family Court Standing Order #3, and Rule 79.2  |
| of the Family Court Rules of Civil Procedure, I declare under penalty of perjury under the laws of Delaware, |
| that the allegations contained in the attached Dependency/Neglect Petition for Custody are true and correct. |
|  |
| Executed on the |       | day of |  | , |       | . |
|  |
|  |
|   |  |
| Printed Name |  |
|  |  |
|       |  |
| Signature(Electronic signature is permitted – sign as “/s/Your Name”) |  |