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

In and For  New Castle County  Kent County  Sussex County

**PETITION FOR REINSTATEMENT OF PARENTAL RIGHTS**

## Petitioner Respondent

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

**ON BEHALF OF** *Respondent 2*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | Name | | ***State of Delaware*** | |
|  | |  |  | | ***DOJ*** | |
| Street Address (including Apt) | |  | Street Address (including Apt) | |  | **New Castle County** |
|  | |  |  | |  | 820 N. French Street |
| P.O. Box Number | |  | P.O. Box Number | |  | Wilmington, DE 19801 |
|  | |  |  | |  | **Kent County** |
| City/State/Zip Code | |  | City/State/Zip Code | |  | 102 W. Water Street |
|  | |  |  | |  | Dover, DE 19904 |
| Phone Number | D.O.B. |  | Phone Number | D.O.B. |  | **Sussex County** |
|  |  |  |  |  |  | 114 East Market Street |
| Attorney Name | |  | Attorney Name | |  | Georgetown, DE 19947 |
|  | |  |  | |  | |
| Interpreter needed?  Yes  No | |  | Interpreter needed?  Yes  No | |  | |
| Language | |  | Language | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Petitioner, on behalf of | | |  | | | | , a minor child, requests the Court to enter an Order | | | |
| reinstating the parental rights of respondent(s), | | | | |  | | | | | |
| in accordance with 13 Del.C. § 1116. In support of this request, Petitioner alleges the following: | | | | | | | | | | |
| Yes | No |  | | | | | | | | |
|  |  | Child is at least 14 years of age Date of Birth: | | | | | | | | |
|  |  | The parental rights in this child are currently vested in DSCYF. | | | | | | | | |
|  |  | The child is in DSCYF custody. | | | | | | | | |
|  |  | Adoption of this child is not possible or appropriate. | | | | | | | | |
|  |  | The child consents to the reinstatement. | | | | | | | | |
|  |  | The parents(s)/respondents(s) consent. | | | | | | | | |
|  |  | At least two years have elapsed since the final termination of parental rights order, or child is 17 years of age. | | | | | | | | |
|  | | | | | |  | | |  |  |
| SWORN TO AND SUBSCRIBED before me this date, | | | | | |  | | |  |  |
|  | | | | | |  | | | | Clerk of Court/Notary Public |
|  | | | |  | | | |  | | |
|  | | | |  | | | |  | | |
|  | | | |  | | | | Petitioner/Attorney | | |
|  | | | |  | | | |  | | |
|  | | | |  | | | | Address (if not stated above) | | |