The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

**PETITION FOR THIRD-PARTY VISITATION**

## Petitioner Respondent

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

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child with whom visitation is sought.** Attach additional sheets if necessary.)

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

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.

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

* Attached to this Petition is the following affidavit in support of my answer to section 2:

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

3. I am eligible for visitation because:

I have a substantial and positive relationship with the child; AND/OR

I am a grandparent, aunt, uncle or adult sibling of the child

I am a Guardian ad litem petitioning on behalf of a child against the child’s parent. Guardian and/or DSCYF and the adult person with whom visitation is sought consents to visitation with the child and has a substantial and positive prior relationship with the child or is a grandparent, aunt, uncle or adult sibling of the child.

I am a Guardian ad litem petitioning on behalf of a child seeking visitation with another child with whom they have at least one parent in common.

|  |
| --- |
| **4. Complete this section only if you are a parent or relative of a parent whose parental rights have been terminated.**   * I am a parent or relative of a parent whose parental rights have been terminated and:   More than 3 years have passed since the termination of parental rights order was entered and the child has not been adopted; or  The adoptive parents previously entered into a written notarized agreement or court approved agreement for continued visitation  A copy of the agreement is attached to this petition. |

1. In support of my petition I allege the following:

Third party visitation is in the best interest of the child(ren).

At least one of the following is true as to each parent:

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| The parents consent to the visitation |  |  |
| The child is dependant, neglected or abused in the parent’s care |  |  |
| The parent is deceased |  |  |
| The parent objects to the visitation |  |  |

1. If the parent objects to the visitation:

I allege that the objection is unreasonable and the visitation will not substantially interfere with the parent/child relationship.

**VERIFICATION**

**STATE OF DELAWARE )**

**) ss.:**

**COUNTY OF**       **)**

**\_**     **\_\_, being duly sworn, says:**

**I am the Petitioner in this action. I have read the above Petition and know to the best of my knowledge that the facts contained therein are true.**

**Petitioner 1**

     

**Petitioner**

**Subscribed and sworn before me on this date,**

**Date** **Notary Public**