

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery Kent County 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930	Register in Chancery New Castle County 500 N. King Street, 7th Floor Wilmington, DE 19801 302-255-0544	Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5777
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### **Procedures for filing a Petition to Increase Monthly Allotment**

- The petition to increase monthly allotment requires the following:
  - A completed petition. The court clerk cannot complete the petition for you.
  - A copy of the guardianship bank statement(s) dated within the thirty days prior to filing the petition.
  - Supporting documentation. Provide any receipts, bills, or invoices to show why the monthly allotment needs to be increased.
  - The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to “Register in Chancery”).
- The petitioner is responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- It is the petitioner’s responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery’s office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer and it must be one-sided.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established, and the completed order will be

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the matter of: \_\_\_\_\_ :  
: C.M. #: \_\_\_\_\_  
A person with a disability \_\_\_\_\_ :  
:

**Petition to Increase Monthly Allotment**

1. Name of guardian(s): \_\_\_\_\_

2. Date guardian(s) was/were appointed: \_\_\_\_\_

3. Information about the guardianship bank account(s):

a. Name of bank(s) where guardianship account(s) is/are:

\_\_\_\_\_  
\_\_\_\_\_

b. Current net balance of all assets owned by the person with a disability:

\_\_\_\_\_

4. The guardian(s) was/were granted permission to withdraw

\$ \_\_\_\_\_ [current monthly allotment amount] per month from the

guardianship account at \_\_\_\_\_ Bank on

\_\_\_\_\_ [date of order].

5. The monthly expenses of the person with a disability have increased beyond  
the amount previously authorized due to \_\_\_\_\_

\_\_\_\_\_

6. I/We respectfully request the Court to authorize the monthly allotment be increased to \$ \_\_\_\_\_ from the guardianship account at \_\_\_\_\_ [Name of bank where the money will be withdrawn from], account number ending in \_\_\_\_\_ [last four digits of the account number].

Signature section for guardian	Signature section for any co-guardian
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

## **Instructions for Notifying Interested Parties of Petition**

It is the petitioner's responsibility to notify the interested parties when a petition is filed with the Court.

### **How to Notify the Interested Parties**

#### **Option 1 – Consent**

Any interested party may sign a copy of the attached "Consent" form.

#### **Option 2 – Send Notice**

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the court will consider the petition. This ensures that all interested parties have adequate time to contact the court with any questions they may have or file any objection to the petition.

### **Unknown Address of an Interested Party**

If you do not know the address of an interested party, you must make reasonable efforts to locate it. If you are unable to locate the address, file an Affidavit of Efforts to Locate Address of Interested Party (Form CM6) with the court.

- File a separate affidavit for each interested party whose address is unknown.
- If a Form CM 6 has already been filed for an interested party, you do not need to file another one.
- If you later learn the interested party's address, promptly notify the court.

Form CM6 is available from the Register's Office or on the court's website.

### **Documents to File with the Court**

You must file the following documents with the court before the petition will be reviewed by a Judicial Officer:

- a. Any consent forms,
- b. The attached "Certificate of Mailing" (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the matter of: \_\_\_\_\_ :  
 :  
 \_\_\_\_\_, : C.M. #: \_\_\_\_\_  
A person with a disability :  
 :

**Consent of Interested Party to Petition to Increase Monthly Allotment**

I, \_\_\_\_\_ [Name of interested party], whose  
relationship to the person with a disability is that of \_\_\_\_\_

(e.g. mother, brother), hereby consent to the petition to increase monthly allotment.

I declare under penalty of perjury under the laws of Delaware that the foregoing is  
true and correct.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Wilmington, DE 19801  
302-255-0544

Register in Chancery  
Sussex County  
34 The Circle  
Georgetown, DE 19947  
302-856-5777

In the matter of: \_\_\_\_\_ :  
 :  
 : C.M. #: \_\_\_\_\_  
A person with a disability :  
 :

**Notice of Petition to Increase Monthly Allotment**

Dear Interested Parties:

This is a notice that I am/we are filing a petition to increase the monthly allotment which is the amount which can be withdrawn each month from the guardianship account from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Notice is being sent to you as an interested party.

If you object to the petition, you must immediately file a written objection with the Register in Chancery’s Office that has been marked above. If you do not file a written objection within **thirteen (13) days** of the date of this notice, any objections will be deemed waived.

Petitioner’s signature: \_\_\_\_\_

Co-Petitioner’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the matter of: \_\_\_\_\_ :  
 \_\_\_\_\_, :  
 A person with a disability : C.M. #: \_\_\_\_\_  
 \_\_\_\_\_ :

**Certificate of Mailing to Petition to Increase Monthly Allotment**

The guardian(s) mailed the “Notice of Petition to Increase Monthly Allotment” on \_\_\_\_\_ [date] to the following interested parties:

Name of Interested Parties	Address of Interested Parties

Signature section for guardian	Signature section for any co-guardian
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____