Register in Chancery
Kent County

New Castle County

Sussex County

38 The Green

Dover, DE 19901

Register in Chancery
Sussex County

34 The Circle
Wilmington, DE 19801

Georgetown, DE 19947

302-735-1930 302-255-0544 302-856-5775

# COSTS INVOLVED & GENERAL INFORMATION ON ACTING AS A PRO SE LITIGANT

## Petition for the Appointment of a Guardian of the Person and Property of an Alleged Disabled Person

You have elected to proceed without an attorney (pro se) to file a petition for guardianship. Our office wants you to be completely aware of the fees that are associated with this type of filing.

The initial filing fee of \$135.00 and an additional \$2.00 per page scanning fee is required at the time you file your petition with our office. Note, we charge a \$1.50 per page for any documents that you may need xeroxed. Acceptable method of payment is either cash or check. If you choose to write a check, make it payable to "Register in Chancery."

A Delaware lawyer will be appointed by the Court to act as the attorney *ad litem*. This attorney will represent the alleged disabled person over whom guardianship is sought. The attorney will investigate and respond to the petition you are about to file. There will be costs for this attorney *ad litem*. The Court will award the attorney *ad litem* a reasonable fee for his/her work on behalf of the alleged disabled person and will decide which party is responsible for payment of the fee. For uncontested matters, the fee can be up to \$750.00. Extraordinary cases such as contested petitions or those that require out of state travel or further investigation may exceed \$750.00. AS THE PETITIONER, YOU WILL BE RESPONSIBLE FOR THE FEE OF THE ATTORNEY AD LITEM.

You will be contacted by the Court once the attorney *ad litem* has been appointed to inform you when the court hearing will be held. You must arrive at least fifteen (15) minutes early for the hearing. Please be advised that you will be unable to bring a cell phone or any electronic device into the Court building. When you arrive, you will need to check in with the Court Clerk and then take a seat in the hall. When your case is called, you will need to step to the podium, state your name and state your case to the Judicial Officer. The Judicial Officer will have a copy of your petition and may ask you questions in reference to it. Please familiarize yourself with this guardianship packet. If you are appointed as guardian, you will receive additional documents and information from the Court.

Please Note: There is additional information and forms available on the Court's website at <a href="http://courts.delaware.gov/Chancery/guardianship/index.stm">http://courts.delaware.gov/Chancery/guardianship/index.stm</a>

Register in Chancery Kent County 38 The Green Dover, DE 19901 302-735-1930 Register in Chancery New Castle County 500 N. King Street, St. 1551 Wilmington, DE 19801 302-255-0544 Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775

## **Guardianship Volunteer Program**

The Court of Chancery utilizes a volunteer program designed to monitor individuals who have been placed under guardianship and whose care is the responsibility of court-appointed guardians. This important monitoring function is coordinated by the Guardianship Monitoring Program of the Office of the Public Guardian, and enables the Court to receive first-hand information about people for whom the Court has ultimate responsibility. The volunteer, designated by the Office of the Public Guardian, is assigned a case, given necessary information about the case, and makes an appointment to meet with the guardian and ward. After the visit, the volunteer fills out a report indicating the status of the ward and may make recommendations for action. The volunteer's report is filed by the Office of the Public Guardian and subsequently viewed by Court staff to determine if further action is necessary. The volunteer is considered an extension of the Office of the Public Guardian and the Court and should be treated accordingly.

Persons subject to guardianship are very important and they deserve every right and protection available. You should expect to be contacted in the future by a volunteer and your cooperation with scheduling meeting times with the volunteer is greatly appreciated. Thank you in advance for your time and effort.

Sincerely,

Sherri Hageman, M.S. Guardianship Advocacy Director Office of the Public Guardian (302) 255-1901 or (302) 358-0782

#### COURT OF CHANCERY PERSONAL INFORMATION SHEET

In the matter of:	, an alleged disabled person/minor
Social Security Number:	Date of Birth:
C.M. #	Date:
guardian of the alleged disabled personants form in full or my guardianship proficient information to determine m	I have applied to the Court of Chancery to be appointed as on/minor named above. I understand that I must complete petition may be denied. In order to provide the Court with y qualification to serve as guardian and to assist the Court always be able to locate and make contact with me, the given:
Petitioner/Guardian's current full nam	e:
Petitioner/Guardian's physical address	s:
Petitioner/Guardian's mailing address	(if different):
Home phone number:	Work phone number:
Cell phone number:	E-mail address:
Date of birth:	Social Security number:
Driver's License number and State:	
Place of employment and address:	
Name of supervisor and telephone nur	mber:
Name/Address/Telephone number of s	spouse (if not a co-petitioner/co-guardian):
or contact me:	of at least two persons who should always be able to locate
Phone number:	Relationship:
2. Name:	
Address:	
Phone number:	Relationship:

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorneys to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the disabled person or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court's staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the disabled person or minor over whom guardianship has been established.

Petitioner/Guardian's signature	
SWORN TO AND SUBSCRIBE	<b>ED</b> before me, a notary/clerk of the Court for the County on the
day of	, 20
	Notary Public/Chancery Court Clerk



	Alleged disabled person/Minor:
	AFFIDAVIT OF PETITIONER'S HISTORY
Pe	titioner's Name:
1.	Have you ever declared bankruptcy?
	If so, when?
	If so, what type?
2.	Have you ever been convicted of a misdemeanor?
	If so, describe which misdemeanor, when and in what jurisdiction you were convicted (i.e., State, County and Police Department).
3.	Have you ever been convicted of a felony? Yes No
	If so, describe which felony, when and in what jurisdiction you were convicted (i.e., State, County and Police Department).

Have you ever been found guilty of an offense by a court martial?
If so, describe which offense and when you were found guilty.
Do you give the State of Delaware permission to conduct a criminal background check you at any time during the consideration of your petition for guardianship and, if grant at any time during the period you are a guardian? Yes No
I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.
Signature
SWORN TO AND SUBSCRIBED before me on this date:

	An alleged disabled person :
<u>F</u>	PETITION TO APPOINT GUARDIAN(S) OF THE PERSON AND PROPERTY
Petitio	ner(s),, represents:
1.	Information about Petitioner(s) (You are the Petitioner):
	a. Current address(es):
	b. Telephone Number(s):
	c. Relationship to alleged disabled person:
2.	Information about the alleged disabled person:
	a. Age:
	b. Date of birth:
	c. Current address:
	d. Permanent address:
	e. If the alleged disabled person is a patient/living at a hospital or an institution:
	i. Admission date:
	ii. Admitted by:
	iii. Reason(s) for admission:

5. The next-of-kin of the alleged disabled person who would be entitled to the alleged disabled person's estate if the alleged disabled person dies without a will are the following:

Name of Next-of-Kin	Relationship to Alleged Disabled Person	Address and Phone number of next-of-kin	Next-of- kin's age
6. The alleged disa	bled person is believed	to have made a Will that is located at	the
following address:		and is in the	e custody of
he following person/ent	tity:	·	
7. Has the alleged of	disabled person ever app	pointed a Power of Attorney?   Yes	□ No
f "Yes", name and addr	ress of the Agent under	the Power of Attorney:	
8. Has the alleged of	disabled person been rep	presented by a Delaware attorney with	nin the last
wo years?  Yes No	)		
If "Yes", include the nar	me of the attorney, expl	ain the reason and include the years o	f service:
			·

9. Has the alleged disabled person ever been a member of the military:  $\square$  Yes  $\square$  No

10. With detailed in	nformation, explain w	hy the alleged disabl	ed person is in need of a
guardian			
-			
			·
			priate guardian for the alleged
disabled person			
12 In the oninion	of the Detitioner will a	actifying the alleged	disabled person that this
-			l person's health? (check one)
_	nkery result in narm to	the aneged disabled	person's hearth? (check one)
<b>—</b> 103 <b>—</b> 110	11 1 1 1 1 1		11
		·	additional pages if necessary)
Property	<b>Estimated Value</b>	Retail Value	If jointly owned, name and address of co-owner
Cash			
Bank Accounts			
Stocks/Bonds			
Mutual Funds			
Securities/Options			
Annuities			
Home/Residence			
Other real estate			
Motor vehicles			

Business

Other valuable

property (except ordinary household furnishings and clothes)

Life Insurance Policy

Other:

14. List <u>ALL</u> of the alleged disabled person's current sources of income: (Attach additional pages if necessary)

Benefit or Source of Income	Amount	When received (i.e. monthly/quarterly)
Business (professional or self-employment)		V 1
Payments received for rental property		
Interest		
Dividends from stocks or bonds		
Pension		
Social Security		
VA Benefits		
Disability		
IRA/401K		
Annuity payments		
Gifts		
Other:		

15. List <u>ALL</u> of the alleged disabled person's debts and monthly expenses: (Attach additional pages if necessary), including any debts incurred for care of legal dependents.

<b>Description of Debts</b>	Total Debt	Monthly Payment
and Monthly Expenses/Bills		
Mortgage (including taxes,		
insurance and escrow)		
Rent		
Water		
Sewer		
Electric		
Gas		
Oil		
Trash		
Television		
Telephone		
Groceries		

Description of Debts and Monthly Expenses/Bills	Total Debt	Monthly Payment
Household maintenance and		
repairs (list)		
Item:		
Item:		
Clothing		
Health insurance/COBRA		
Medication		
Healthcare/out of pocket		
medical expenses and dental		
Laundry/dry cleaning		
Cosmetics/toiletries		
Hobbies		
Barber/Hairdresser		
Newspaper/magazine		
subscription(s)		
Child support		
Charitable and/or religious		
donations		
Vacation		
Entertainment		
Public Transportation		
Automobile:		
Monthly payment		
Repairs and maintenance		
Insurance		
Gasoline		
Life insurance payment		
Other:		

16. Al	l of the following statements must be true before the Court of Chancery will consider		
this petition	on. Check ALL of the following statements to acknowledge they are true:		
a.	$\square$ There is currently no guardian for the person or property of the alleged disabled		
	person.		
b.	☐ The alleged disabled person is unable to properly manage and care for his/her		
	person and, as a consequence therefore, is in danger of becoming the victim of a		
	designing person. He/she is in danger of substantially endangering his/her own health		
	or becoming subject to abuse by other persons.		
c.	☐ The alleged disabled person is unable to properly manage and care for his/her		
	property and, as a consequence therefore, is in danger of dissipating or losing such		
	property by becoming the victim of designing person(s).		
d.	☐ The alleged disabled person lives in the State of Delaware.		
e.	☐ Attached is the medical report of		
	Name of attending doctor/physician:		
	Doctor/Physician's office address:		
	Doctor/Physician's phone number:		
f.	☐ Petitioner(s) consents to the Register in Chancery of the Court being		
	his/her/their agent for acceptance of service on behalf of the Petitioner(s) as to any		
	claim arising out of the guardianship if, by reason of the guardian's absence(s) from		
	this State, he/she/they cannot be personally served.		

WHEREFORE,	Petitioner(s)	respectfully	requests	that
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disabled person.

2. A preliminary order be entered to schedule a hearing and to notify interested parties.

Signature of Co-Petitioner
(If Applicable)

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

Phone number: \_\_\_\_\_\_ Phone number: \_\_\_\_\_\_

SWORN TO AND SUBSCRIBED before me, a notary/clerk of the Court for the County and State aforesaid, on the \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

Notary Public/Chancery Court Clerk

1. This Court appoint him/her/them as guardian(s) of the person and property of the alleged

#### **PHYSICIAN'S AFFIDAVIT**

NOTE: This affidavit will be used in a legal proceeding to appoint a guardian for the patient named below. The information it contains must be based on your personal examination of the patient. Thank you for your concern and cooperation.

PATIENT'S NAME:				
ADDRESS:				
I,(provider's name)	_ located at			
(provider's name)		(ada	dress)	
(telephone number)				
I am licensed to practice in the				
I am board Certified in				
This history of my involvemen	t with this patient i	is the following		
I personally examined(Patie	ent's Name)	on	, 20	
The examination lasted approx	imately	(time)	·	
I performed or ordered the follo	owing tests:			

I solemnly swear and affirm under the penaltic knowledge that the contents of this petition are true.  Date  STATE OF DELAWARE :  COUNTY OF :  SWORN TO AND SUBSCRIBED before me this	Provider's Signature  Printed Name	
Date	Provider's Signature	
knowledge that the contents of this petition are true.	Provider's Signature	
knowledge that the contents of this petition are true.		
<u> </u>	es of perjury and upon personal	
[ ] In my opinion, the patient <b>does have</b> sufficient mof guardianship and <b>can</b> consent to the appointment of a [ ] In my opinion, the patient <b>does not have</b> sufficient nature of guardianship and <b>cannot</b> consent to the appointment of the appointment of guardianship and <b>cannot</b> consent to the appointment.	guardian. nt mental capacity to understand the	
The patient is unable to perform the following functions:		
The particulars of the disability are as follows:		
[ ] <i>does have</i> a disability that interferes with the abil decisions regarding health care, food, clothing, shelter, or	•	sible
] <i>does not have</i> a disability that interferes with the ability to make or communicate esponsible decisions regarding health care, food, clothing, shelter, or administration of property		
- · · · · · · · · · · · · · · · · · · ·	1.11	

IN THE MATTER OF:	
An alleged disabled person :	C.M. #
PRELIMINARY ORDER FOR THE APPOI	
AND NOW, TO WIT, on this date,	, the Petition for
the Appointment of a Guardian of (check all that	applies): $\square$ the Person and/or $\square$ the
Property of(Alleged disabled person's name) filed in this matter having been read and duly cor  NOW THEREFORE, IT IS ORDERED a	nsidered by the Court,
	rt of Chancery in
alleged disabled person.  2. (leave blank) alleged disabled person.	_, Esquire, is appointed attorney <i>ad litem</i> for the
3. The Court shall issue notice to the	attorney ad litem for the alleged disabled
person at least ten (10) days before the hearing da	ate pursuant to Chancery Court Rule 176(c)
unless the appointed attorney ad litem files a Wai	ver of Service upon notification of the
appointment.	
4. The attorney <i>ad litem</i> shall give ac	ctual notice of the petition to the alleged
disabled person pursuant to Chancery Court Rule	176(a) unless the Physician's Affidavit says it
would be detrimental or meaningless to give notice	ce.

5. The attorney *ad litem* shall file a report with the Court before noon on this date:

\_\_\_\_\_

6. Pursuant to the preparation of the report referenced in paragraph "5" of this Order:

- a. All physicians, hospitals, and other healthcare providers covered under the Privacy Standards of the Health Insurance Portability and Accountability Act (HIPAA) are authorized to disclose to the attorney *ad litem* and shall provide the attorney *ad litem* unobstructed access to all medical records, treatment providers, clinical information and other healthcare information relating to the current mental and physical health of the Disabled Person [See 45 CFR sec. 164.512(e)] that the attorney *ad litem* deems necessary for the proper discharge of his/her duties;
- All said physicians, hospitals and other healthcare providers grant said access described in paragraph "6a" of this Order to the attorney *ad litem* without delay;
- c. The attorney *ad litem* and the said physicians, hospitals and other healthcare providers are prohibited from using or disclosing the disabled person's health information for any purpose other than this guardianship proceeding.
- d. The attorney *ad litem* shall return to the physician(s), hospital(s), and other healthcare provider(s) or shall destroy all of the health information provided to the attorney *ad litem* by the physician(s), hospital(s), or healthcare provider(s) (including all copies made) at the end of these guardianship proceedings.

7. **At least ten (10) days before** the hearing date, the Petitioner(s) must send notice by **certified mail, return receipt requested,** to **each** next of kin of the alleged disabled person who did **not** file a Waiver of Notice and Consent. The notice must state the time, place and purpose of the hearing.

8. Petitioner(s) must file at the Register in Chancery's Office all **certified receipts** from the notice(s) mailed to the next of kin no later than two days before the hearing date.

Chancellor/Vice Chancellor/Master

# INSTRUCTIONS FOR NOTIFYING NEXT-OF-KIN OF PETITION FOR GUARDIANSHIP

It is the petitioner's responsibility to notify the alleged disabled person's next-of-kin (spouse, children over the age of eighteen, parents, and/or siblings) when a petition for guardianship is filed with the Court. This includes notifying all of the parties you listed on number five of the guardianship petition.

You, as the petitioner(s), can approach this requirement in one of two ways:

1. A copy of the attached "Waiver of Notice and Consent" can be signed and notarized by each of the alleged disabled person's next-of-kin/relatives.

#### OR

- 2. You can send a copy of the completed "Notice of Petition" and a copy of the granted Preliminary Order to all of the alleged disabled person's next-of-kin, via certified mail. You must then file the following documents with the Court, which are due by noon two days before the scheduled hearing date:
  - a. The attached "Affidavit of Mailing";
  - b. A copy of the "Notice of Petition" that was sent to the next-of-kin; and
  - c. The certified mail return receipts and/or the green cards that have been returned to you.

<u>PLEASE NOTE</u>: Any next-of-kin who has not signed a notarized consent must receive notice of your petition by certified mail at least thirteen (13) days before the Court hearing. This ensures that all next-of-kin have adequate time to contact the Court with any questions they may have or file any objection to the guardianship petition.

In the Matter of:		CM#.
		C.M.#:
AN ALLEGED DISABLE	ED PERSON	
	WAIVER OF NOTICE	AND CONSENT
I, THE UNDERS	IGNED,	next of kin to the alleged disabled person
		hereinafter called the
"alleged disabled person"	is that ofnext of kin's relati	onship to the alleged disabled person, hereby waive
my right to notice of the H	learing upon the Petition of	fPetitioner's name
to be appointed Guardian	of the alleged disabled per	son's Person and/or Property and hereby
consent to	er' name 's appoi	ntment as Guardian for the alleged disabled
		Property without further notice.
Date	Next of Kin's Address:	Next of Kin's Signature
SWORN TO ANI	O SUBSCRIBED before r	ne on this date:

Notary Public or Clerk of the Court

☐Register in Chancery Kent County 38 The Green Dover, DE 19901 302-735-1930	☐Register in Chancery New Castle County 500 N. King Street, St. 1551 Wilmington, DE 19801 302-255-0544	☐Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775
IN THE MATTER OF:	302-233-0344	302-830-3773
	: , : C.	M. #
An alleged disable	: ed person :	
NOTICE OF PETITION F	OR THE APPOINTMENT OF GUA	RDIAN(S) OF THE PERSON AND
NAME	PROPERTY  ADDRESS OF INTERESTED PART	Y
THINE	TABLES OF INTERESTED THE	•
Dear Interested Parties:		
This is a notice that I am/we	are applying for guardianship of	's leged disabled person's name
Person (to make his/her medi	ical decisions) and Property (to make hi	
of Chancery approved the en-	closed preliminary order to schedule a h	nearing on this case. If you object to
the petition, you must appear	at the hearing or immediately contact t	he Register in Chancery's Office that
has been marked above.		
Petitioner's Signature	Co-Petitio	oner's Signature
DATED:		

In the Matter of:	C.M.#			
AN ALLEGED DISABLED PERSON				
	AFFIDAVIT OF MAILING			
BE IT REMEMBERED,	that:			
1. The Petitioner,	, mailed on this date with			
postage prepaid a letter dated	to the person(s) set forth in paragraph 2 informing			
them of the Hearing in this matter	them of the Hearing in this matter that is scheduled for this date			
2. The person(s) to whom the le	etter above was mailed and their addresses are:			
Name	Address			

3.	ATTACHED ARE:	(Check both statements below to acknowledge both are attached.)
	☐ A copy of the abov	e referenced letter AND
	☐ The certified mail i	return receipts.
	Date	Petitioner's Signature
SW	ORN TO AND SUBSO	CRIBED before me on this date
		Notary Public or Clerk of the Court

IN THE MATTER OF:	:
,	: C.M. #
a disabled person	: :
	OR APPOINTMENT OF PERSON AND PROPERTY
WHEREAS, onleave blank	a hearing was held in the above-matter
("hearing");	
WHEREAS, Petitioner	is the Relationship to alleged disabled person
(her	reinafter called "the disabled person"), and the
	d notice and consented (agreed) to or has/have
received notice through certified mail on the	appointment of asas
guardian of the person and property of the di	
WHEREAS,	, Esquire, the previously appointed
	been personally served at least ten (10) days before
the date of the Hearing, or in the alternative h	nas filed a Waiver of Service, and has rendered
his/her report;	
WHEREAS, the Court having review	red the Petition and affidavits, considered the
medical report, and considered the statement	s made and evidence presented at the hearing, finds
that is a c	lisabled person because he/she is aged, mentally
•	y reason thereof such disabled person is unable to
properly manage and/or care for his/her perso	on and consequently, such disabled person without
guardian is in danger of substantially endang	ering his/her health or becoming subject to abuse by
other persons or becoming the victim of designation	gning persons AND is unable to properly manage
and/or care for his/her property and conseque	ently, such disabled person without a guardian is in

danger of dissipating or losing such property by becoming the victim of designing persons.

IT	IS HEREBY ORDERED, this	day of	, 20	as follows:
1		leave date blank		d
1.	Petitioner's name	_ is nereby appointed g	uardian of the p	erson and
	property of			
	Disabled per	son's name	1	
2.	Before entering upon his/her dut			
	Profession 1	shall execute a bond to b	be taken in the n	ame of the State
	Petitioner's name			
	of Delaware in the amount of \$	leave blank with/with	nout surety as a c	condition for the
	faithful performance of his/her of	luties as guardian, and s	shall be filed wit	hin seven days of
	the date of this Order.			
3.	The guardian appointed herein is	s granted such powers,	rights and duties	which are
	necessary to protect, manage and	d care for the person and	d property of the	disabled person
	as provided for 12 Del. C., Ch. 3	39.		
4.	The guardian, shall open one or	more bank account(s) a	t	
	and	/or its successors AND	shall deposit AI	LL monies of the
	disabled person in such account(s	s). The account(s) shall	be entitled "CO	URT OF
	CHANCERY, GUARDIANSHIE	ACCOUNT FOR		
	DISABLED,Petitioner's name	GUARDIA	N, WITHDRAW	ALS ONLY
	BY ORDER OF THE COURT."			
5.	The guardian may withdraw up	to \$ total	per month with	out further notice
	of the Court. Otherwise, the gua	ardian may NOT make	ANY withdraws	from the
	account WITHOUT first having	a Court Order to do so.		
6.	A first inventory is due within the	nirty (30) days of today'	s date.	
7.	The guardian shall file an account	nting of the guardianshi	p accounts at lea	ast once every
	year on the anniversary date of t	he appointment of the g	guardian (the dat	e of this Order)
	and at any other time the Court s	shall direct as required b	by the Rules of the	his Court.

- 8. The guardian shall file a status report with the Register in Chancery every year on the anniversary date of the appointment of guardian (the date of this Order) as required by the Rules of this Court and at any other time the Court shall direct. The status report shall include the current mailing address of both the disabled person and the guardian, and the current medical statement from the attending physician setting forth the current medical status of the ward and addressing the need for continued guardianship.
- 9. The guardian shall within thirty days submit proof to the Register in Chancery that the terms of this Order have been complied with and the bank account(s) provided for in this Order has/have been opened in accordance with the provisions of this Order.
- 11. The Register in Chancery of this Court is appointed agent of the guardian to accept service of process on behalf of the guardian as to any claim arising out of the guardianship if, by reason of the guardian's absence from this State, he/she cannot be served.
- 12. In the event of the disabled person's death, the guardian shall notify the Office of Register in Chancery within ten (10) days.

(Vice) Chancellor or Master	 -

IN THE MATTER OF:	:
	: _, : C.M. #
	_, . C.IVI. #
a disabled person	÷
	R FOR APPOINTMENT OF F THE PERSON AND PROPERTY
WHEREAS, onleave bla	a hearing was held in the above matter
("hearing");	
WHEREAS, Petitioners	Petitioner's name
Co-Petitioner's name	are the Relationship to alleged disabled person
of (h	eremaner cancer the disubled person ),
and the disabled person's next of kin has/	/have waived notice and consented (agreed) to or
has/have_received notice through certified  Petitioner's name	d mail on the appointment of  and as  Co-Petitioner's name
co-guardians of the person and property of	of the disabled person;
WHEREAS,	Esquire, the previously appointed attorney
ad litem for the disabled person has been	n personally served at least ten (10) days before the date
of the hearing, or in the alternative has fil	led a Waiver of Service, and has rendered his/her report
WHEREAS, the Court having rev	viewed the Petition and affidavits, considered the
medical report, and considered the statem	nents made and evidence presented at the hearing, finds
that Disabled person's name	is a disabled person because he/she is aged,
mentally infirmed, and/or physically inca	apacitated. By reason thereof such disabled person is
unable to properly manage and/or care fo	or his/her person and consequently, such disabled person
without guardians is in danger of substan	tially endangering his/her health or becoming subject to
abuse by other persons or becoming the v	victim of designing persons AND is unable to properly

guardians is in danger of dissipating or losing such property by becoming the victim of designing persons. IT IS HEREBY ORDERED, this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_, as follows: and \_\_\_\_\_ are hereby \_\_\_\_\_ Co-Petitioner's name appointed co-guardians of the person and property of a disabled person. 2. Before entering upon their duties as co-guardians pursuant to this Order, shall execute bonds to be taken in the name of the State of Delaware in the amount of \$\_\_\_\_\_each with/without surety as a condition for the faithful performance of their duties as co-guardians, and shall be filed within seven days of the date of this Order. 3. The guardians appointed herein are granted such powers, rights and duties which are necessary to protect, manage and care for the person and property of the disabled person as provided for 12 Del. C., Ch. 39. 4. The co-guardians, shall open one or more bank account(s) at and/or its successors AND shall deposit ALL monies of the disabled person in such account(s). The account(s) shall be entitled "COURT OF CO-GUARDIANS, WITHDRAWALS ONLY BY ORDER OF THE COURT." 5. The co-guardians may withdraw up to \$\_\_\_\_\_ total per month without further notice of the Court. Otherwise, the co-guardians may NOT make ANY withdraws from the account WITHOUT first having a Court Order to do so. 6. A first inventory is due within thirty (30) days of today's date.

manage and/or care for his/her property and consequently, such disabled person without

- 7. The co-guardians shall file an accounting of the guardianship accounts at least once every year on the anniversary date of the appointment of the guardians (the date of this Order) and at any other time the Court shall direct as required by the Rules of this Court.
- 8. The co-guardians shall file a status report with the Register in Chancery every year on the anniversary date of the appointment of guardians (the date of this Order) as required by the Rules of this Court and at any other time the Court shall direct. The status report shall include the current mailing address of the disabled person and both guardians, and the current medical statement from the attending physician setting forth the current medical status of the ward and addressing the need for continued guardianship.
- 9. In the event of the disabled person's death, the co-guardians shall notify the Office of Register in Chancery within ten (10) days.
- 10. The co-guardians shall within thirty days submit proof to the Register in Chancery that the terms of this Order have been complied with and the bank account(s) provided for in this Order has/have been opened in accordance with the provisions of this Order.
- 12. The Register in Chancery of this Court is appointed agent of the co-guardians to accept service of process on behalf of the co-guardians as to any claim arising out of the guardianship if, by reason of the guardians' absence from this State, they cannot be served.

(Vice) Chancellor or Master	