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 St., Ste. 11600  Wilmington, DE 19801  302-255-0544 | | | Register in Chancery  Sussex County  34 The Circle  Georgetown, DE 19947  302-856-5775 |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with an alleged disability | | | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN(S) OF THE PERSON**

Dear Interested Parties:

This is a notice that I am/we are applying for guardianship of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s person (to make his/her medical

(Person with an alleged disability’s name)

decisions). The Court of Chancery approved the enclosed preliminary order to schedule a hearing on this case. If you object to the petition, you must appear at the hearing or immediately contact the Register in Chancery’s Office that has been marked above.

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

Petitioner’s Signature Co-Petitioner’s Signature

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Form CM9*

*Rev. 08/2020*