

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

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

Procedures for filing a Petition to Expend for a Disabled Person

~The petition to expend must be filled out completely.

+The court clerks cannot complete the petition for you.

+The guardian(s) will need to have their signatures notarized. (If the guardian(s) appear in the Register's Office with identification & the correct paperwork, their signatures can be notarized by a clerk in the Register's Office.)

~**A copy of the bank statement(s)** dated within the last thirty (30) days is required.

~**Supporting documentation** for the request for money must be provided. (i.e., any receipts, invoices and other documentation that detail the expenses for which you are petitioning. If the request is for clothes, the guardian(s) must provide a layaway statement, advertisement ads, etc.)

~ The filing fee for the petition (**\$35.00**). Payment must be received before the petition can be accepted by our office. Acceptable method of payment is either cash, check or money order. If you choose to write a check, make it payable to "Register in Chancery."

~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 \$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 on the computer.

~As part of the order, the guardian(s) will be responsible to file all **receipts** within twenty days. If the guardian(s) fail(s) to file the proper receipts, all future petitions may be denied.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF

:
:
:

C.M. # _____

A Minor/Disabled Person's

PETITION TO EXPEND

The petition of _____, Guardian of _____,
(Guardian's Name) (Minor/Disabled Person's Name)

a _____, respectfully represents:
(Minor/Disabled Person)

1. Petitioner was appointed guardian of the Minor/Disabled Person by Order dated _____.
(Date of Final Order)

Petitioner is duly qualified and is acting as such Guardian. The birth date of the above named is

(Minor/DP's birth date)

2. The net assets of the Minor/Disabled Person's estate consist of cash on deposit in the sum of

\$ _____ plus interest in the _____.
(Amount in Guardianship Acct (s)) (List all banks where guardianship accounts have been established)

3. Petitioner respectfully prays the court to authorize, for the benefit of the Minor/Disabled

Person, expenditures of \$ _____ to be used for _____.
(Amount requesting) (Purpose of Petition to Expend)

4. The guardian's income from all sources is inadequate for such purposes and funds are not available from any other source.

Guardian/Petitioner

Co-Guardian/Co-Petitioner

Address

Address

Phone Number

Phone Number

Minor (14 years old or older)

The above named guardian(s), having been duly sworn, deposes and says that the facts above recited are true and correct. Sworn to and subscribed before me the _____ day of _____, _____.

Register in Chancery/Notary Public