**The Family Court of the State of Delaware**

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**PETITION FOR REINSTATEMENT OF PARENTAL RIGHTS**

##  Petitioner Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|       |  |        |  |
| Street Address (including Apt) |  | Street Address (including Apt) |  |       |
|        |  |         |  |
| P.O. Box Number |  | P.O. Box Number |  |
|       |  |        |  | Petition Number |
| City/State/Zip Code |  | City/State/Zip Code |  |
|       |  |        |  |       |
| Phone Number |  D.O.B. |  | Phone Number |  D.O.B. |  |
|        |        |  |         |        |  |
| Attorney Name  |  | Attorney Name  |  |
|       |  |       |
|  Interpreter needed? [ ]  Yes [ ]  No |  |  Interpreter needed? [ ]  Yes [ ]  No |  |
|  Language       |  |  Language       |  |

 **ON BEHALF OF** *Respondent 2*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name | ***State of Delaware*** |
|       |  |       | ***DOJ*** |
| Street Address (including Apt) |  | Street Address (including Apt) | [ ]  | **New Castle County** |
|        |  |       |  | 820 N. French Street |
| P.O. Box Number |  | P.O. Box Number |  | Wilmington, DE 19801 |
|       |  |       | [ ]  | **Kent County** |
| City/State/Zip Code |  | City/State/Zip Code |  | 102 W. Water Street |
|       |  |       |  | Dover, DE 19904 |
| Phone Number |  D.O.B. |  | Phone Number | D.O.B. | [ ]  | **Sussex County** |
|        |        |  |       |       |  | 114 East Market Street |
| Attorney Name  |  | Attorney Name |  | Georgetown, DE 19947 |
|       |  |       |  |
|  Interpreter needed? [ ]  Yes [ ]  No |  | Interpreter needed? [ ]  Yes [ ]  No |  |
|  Language       |  | Language       |  |

|  |  |  |
| --- | --- | --- |
| Petitioner, on behalf of |       | , a minor child, requests the Court to enter an Order |
| reinstating the parental rights of respondent(s), |       |
| in accordance with 13 Del.C. § 1116. In support of this request, Petitioner alleges the following: |
| Yes | No |  |
| [ ]  | [ ]  | Child is at least 14 years of age Date of Birth:       |
| [ ]  | [ ]  | The parental rights in this child are currently vested in DSCYF. |
| [ ]  | [ ]  | The child is in DSCYF custody. |
| [ ]  | [ ]  | Adoption of this child is not possible or appropriate. |
| [ ]  | [ ]  | The child consents to the reinstatement. |
| [ ]  | [ ]  | The parents(s)/respondents(s) consent. |
| [ ]  | [ ]  | At least two years have elapsed since the final termination of parental rights order, or child is 17 years of age. |
|  |  |  |  |
| SWORN TO AND SUBSCRIBED before me this date, |       |  |       |
|  |  | Clerk of Court/Notary Public |
|  |  |  |
|  |  |       |
|  |  | Petitioner/Attorney |
|  |  |       |
|  |  | Address (if not stated above) |