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| JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWAREIN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTYCOURT NO. \_\_\_\_\_\_\_\_REQUEST FOR FORTHWITH SUMMONS |
|  |  | CIVIL ACTION NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |  |
|  |  |  |
| **PLAINTIFF(S)** | **VS.** | **DEFENDANT(S)** |
| 1) Name |  |  | 1. Name
 |  |
|  |  |  |  |  |
| **PLAINTIFF(S)** | **VS.** | **DEFENDANT(S)** |
| 2) Name |  |  | 2) Name |  |
|  |  |  |  |  |
| Are you the [ ]  LANDLORD or the [ ]  TENANT [ ]  Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there any related case? [ ]  NO [ ]  YES. Please specify case number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| You must by substantial evidence demonstrate to the Court that the opposing party has caused substantial or irreparable harm to your person or property as required by 25 Del. C. § 5115 (Irreparable harm is defined as: harm or injury for which no amount of monetary compensation can adequately and sufficiently make the injured party truly whole or reverse the injury, for example, Tenant’s rental unit has no heat in the winter). Please be specific. Failure to fill out this form completely may result in your request being denied. |
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| **Please attach copies of any documentation that supports your request for a forthwith hearing.****Whether your request for a forthwith summons is granted or denied is judicial discretion.**  |
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|  |
|  |  |  |
| Date |  | Plaintiff signature |

**Affidavit**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the information contained in the request for forthwith summons is true and correct to the best of my knowledge.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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

Notary Public/Court Official