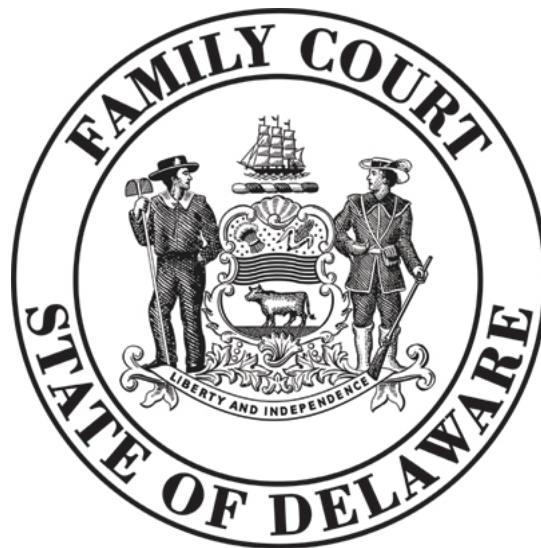


TERMINATION OF PARENTAL RIGHTS



FORMS

TERMINATION OF PARENTAL RIGHTS FORMS

**ONLY FILE THE FORMS IN THIS FORMS PACKET.
DO NOT FILE THE FORMS IN THE INSTRUCTION PACKET.**

You must file the following forms:

- Petition for Termination of Parental Rights
- Custody Separate Statement
- Information Sheet
- Praecipe in Termination of Parental Rights Action
- Termination of Parental Rights Order of Reference
- Termination of Parental Rights Order for a Hearing
- Termination of Parental Rights Final Order

Only file these forms if they apply to your situation.

Please see the instruction packet for more information:

- Affidavit that a Party's Address is Unknown
- Consent to Termination and Transfer of Parental Rights
- Affidavit of Non-Military Service
- Waiver of Rights Under the Servicemember's Civil Relief Act

These forms are also located at the Self-Help Centers and on the Family Court webpage <http://www.courts.state.de/family>.

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner

Respondent

Name	Name	File Number
D.O.B.	D.O.B.	
Street Address (including Apt)	Street Address (including Apt)	Petition Number
P.O. Box Number	P.O. Box Number	
City/State/Zip Code	City/State/Zip Code	
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number	
Relation to Child(ren)	Relation to Child(ren)	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	

2nd Petitioner (if any)

2nd Respondent (if any)

Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

Guardian Ad Litem (if any)

Name
Street Address (including Apt)
P.O. Box Number
City/State/Zip Code
Home Phone Number Work Phone Number
Attorney for Guardian Ad Litem (if any)
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants parental rights terminated. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check one)
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth	Social Security Number
MOTHER	_____	_____	_____	_____
FATHER	_____	_____	_____	_____

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

➤ I have attached to this Petition the following affidavits:

- Affidavit that a Party's Address is Unknown**
- Affidavit that Biological Father's Name is Unknown**
- Affidavit of Non-Disclosure** (e.g., Affidavit that mother knows the name of the biological father but is unwilling to disclose his name)

3. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): _____

Address of person(s) or organization:

4. Name(s) of the person(s) **to whom parental rights are sought to be transferred (i.e. proposed adoptive parent(s))** if this Petition is granted: _____

Address of person(s) or organization if address is different from address of Petitioner(s):

5. Proposed adoptive parent(s)' relationship to child(ren) if proposed adoptive parent is **NOT** the Petitioner: _____

6. I acknowledge the following is true with regards to the child(ren) named in this petition:

- Adoption of the child is possible, appropriate, and a Petition for Adoption will be filed with this Court.
- In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child with blood relatives has been explored.

Results of these efforts:

- Each birth parent has been advised of the right to make a no-contact declaration pursuant to 13 Del. C. § 962.
- Termination of Parental Rights is in the best interests of the child.
- If there are two Respondents, both consent to the termination and transfer of their parental rights and the *Consent to Termination and Transfer of Parental Rights* for each Respondent is attached to this Petition.
- If there is only one Respondent, he/she consents to the termination and transfer of his/her parental rights and the *Consent to Termination and Transfer of Parental Rights* for that Respondent is attached to this Petition.
- If there are two Respondents, only one Respondent consents to the termination and transfer of his/her parental rights and the *Consent to Termination and Transfer of Parental Rights* for the consenting Respondent is attached to this Petition.

7. I have attached to this Petition the *Grounds for Termination of Parental Rights* for each child named above. I have indicated at least one *Ground for Termination of Parental Rights* for each child named in this petition.

_____ Petitioner	_____ Date	_____ 2 nd Petitioner (if any)	_____ Date
Sworn to subscribed before me:		Sworn to subscribed before me:	
_____ Clerk of Court/Notary Public	_____ Date	_____ Clerk of Court/Notary Public	_____ Date

Affidavit of Truth

I/We, _____ state the information in this Petition for Termination of Parental Rights is true and correct to the best of my/our knowledge.

Petitioner

2nd Petitioner

SWORN TO AND SUBSCRIBED BEFORE ME on this date, _____.

Clerk of Court/Notary

GROUNDINGS FOR TERMINATION OF PARENTAL RIGHTS

Complete a separate *Grounds for Termination of Parental Rights* form for each child named in the *Petition for Termination of Parental Rights*. Thus, if there are 2 children, then 2 *Grounds for Termination of Parental Rights* forms MUST be completed and attached to the Petition.

NAME OF THE CHILD: _____

Indicate the grounds for Termination of Parental Rights (**Place an "X" next to the grounds that apply.**)

1. The parent(s) of the child, or the person(s) or organization holding parental rights over such child agree (consent) that this Petition should be granted.
 A *Consent to Termination and Transfer of Parental Rights* is attached to the Petition.
2. Respondent has abandoned the child **AND** intended to abandon the child as evidenced by the fact that: (**Place an "X" next to which situation applies**)
 - a. The child is younger than 6 months old at the time of filing this Petition, Respondent FAILED to:
 - Pay reasonable prenatal, natal and postnatal expenses in accordance with Respondent's financial means; **AND**
 - Visit regularly with the child; **AND**
 - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - b. The child is at least 6 months old at the time of filing this Petition **AND** for at least 6 consecutive months (6 months in a row) during the year immediately before filing the Petition, Respondent(s) did FAILED to:
 - Make reasonable and consistent payments in accordance with Respondent's financial means, for support of the child; **AND**
 - Communicate or visit regularly with the child; **AND**
 - Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - c. The child is younger than 6 months old at the time of filing this Petition **AND** Respondent has placed the child in circumstances leaving the child in substantial risk of injury or death and therefore has manifested (shown) the unwillingness to exercise parental rights
3. Respondent has abandoned the child BUT did NOT intend to abandon the child because: (**Place an "X" next to which situation applies**)
 - a. For 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent FAILED to:
 - Communicate or visit regularly with the child; **AND**

- File or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child; **AND**
- Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).

AND one of the below applies (**Place an “X” next to all that apply**):

The child is not in the legal and physical custody of the other parent and Respondent is not able or willing promptly to assume legal and physical custody of the child, and to pay for the child’s support, in accordance with Respondent’s financial means.

Placing the child in Respondent’s legal and physical custody would pose a risk of substantial harm to the physical or psychological well being of the child. Respondent is unfit to maintain a relationship of “parent and child” with the child because of any of the following reasons:

- i. The circumstances of the child’s conception; **OR**
- ii. Respondent’s behavior during the mother’s pregnancy; **OR**
- iii. Respondent’s behavior after the child was born; **OR**
- iv. Respondent’s behavior with respect to other children.

Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

4. The parent(s) of the child or any person(s) holding parental rights over such child are mentally incompetent and therefore, are unable to discharge parental responsibilities in the foreseeable future. *(The Court will select 2 qualified psychiatrists to form an opinion regarding mental incompetence and inability to discharge parental responsibilities. The Court also will appoint a licensed attorney, as Guardian Ad Litem, to represent the alleged incompetent’s interests in the proceeding) .*

5. Respondent has been found by a Court of competent jurisdiction to have: (**Place an “X” next to all that apply**)

- a. Committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child;
- b. Aided or abetted, attempted, conspired or solicited to commit a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child;
- c. Committed or attempted to commit the offense of Dealing in Children as set forth in § 1100 of Title 11.
- d. Committed the felony level offense of endangering the welfare of a child as set forth in § 1102 of Title 11.

6. The parent(s) of the child, or any person(s) holding parental rights over the child, are not able or have failed to plan adequately for the child’s physical needs or mental and emotional health and development, and 1 or more of the following conditions has been met: (**Place an “X” next all that apply**)

a. If the child is in the care of the Department or a licensed agency:

The child has been in the care of the Department of licensed agency for a period of one year, or if the child has come into care as an infant, a period of 6 months, or there is a history of previous placement(s) of this child; **OR**

There is a history of neglect, abuse, or lack of care of the child or other children by Respondent; **OR**

Respondent is incapable of discharging parental responsibilities due to extended or repeated incarceration; **OR**

Respondent is not able or willing to assume promptly legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means; **OR**

Failure to grant the Petition for Termination of Parental Rights will result in continued emotional instability or physical risk to the child.

b. If the child is in under the care of a stepparent or blood relative,

➤ the child has resided in the home of the blood relative for a period of at least 1 year, or in the case of an infant, a period of 6 months **AND**

➤ Respondent is incapable of discharging parental responsibilities, and there appears to be little likelihood that Respondent will be able to discharge such parental responsibilities in the near future.

7. Respondent's parental rights over a sibling (brother, sister, half-brother, half-sister) of the child who is the subject of the Petition have been involuntarily terminated in a prior proceeding.

8. The parent has subjected the child to torture, chronic abuse, sexual abuse, and/or life-threatening abuse.

9. The child has suffered unexplained serious physical injury under such circumstances as would indicate that such injuries resulted from the intentional conduct or willful neglect of the parent.

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CUSTODY SEPARATE STATEMENT

Petitioner

v. Respondent

Name	Name	File Number
------	------	-------------

1. What type of petition are you filing? _____
2. Who is the child(ren) named in your petition? *(Please provide full name and date of birth)*

Child's Name	Date of Birth (mm/dd/yyyy)

3. Have all the children listed above continually resided with one another? Yes No
If you answered "No," the children have not continually resided with one another; please complete a Custody Separate Statement for each child.

CURRENT ADDRESS	Address where child(ren) currently resides ** If the address where the child(ren) currently resides is a confidential address in Family Court, DO NOT provide the address on this form. Instead, please mark the fields as CONFIDENTIAL.	Date(s) Child(ren) lived here to present	State	Zip Code
		City		
Name of person(s) child(ren) is living with			Relationship to child(ren)	

4. During the **past five years**, where have the child(ren) lived? *List addresses from the most recent to the oldest. If the child(ren) is under the age of five years old, end with the first address where the child lived.*

PRIOR ADDRESS	Address where child(ren) previously resided	City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)	
	Person's current address	City	State	Zip Code
PRIOR ADDRESS	Address where child(ren) previously resided	City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)	
	Person's current address	City	State	Zip Code
PRIOR ADDRESS	Address where child(ren) previously resided	City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)	
	Person's current address	City	State	Zip Code
PRIOR ADDRESS	Address where child(ren) previously resided	City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)	
	Person's current address	City	State	Zip Code

5. Check **ONE** and complete as directed.

- No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).
- A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

PERSON 1	Name of person(s) with physical custody, legal custody or visitation		Relationship to child(ren)	
	Person's current address	City	State	Zip Code
PERSON 2	Name of person(s) with physical custody, legal custody or visitation		Relationship to child(ren)	
	Person's current address	City	State	Zip Code

6. Select all that apply and complete as directed.

- I have not been involved in any other court action for custody and/or visitation of this child(ren).
- I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

ACTION 1	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State
	Court	Case Number	Date Filed
	Result	Date of Order	
ACTION 2	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State
	Court	Case Number	Date Filed
	Result	Date of Order	
ACTION 3	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State
	Court	Case Number	Date Filed
	Result	Date of Order	

7. Check **ONE** and complete as directed.

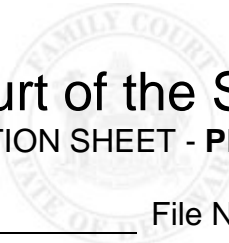
- I do not know of any other court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship, Adoption or Paternity involving myself, the other party or the child(ren) that could affect this petition.
- I, the other party or the child(ren) have been and/or are currently involved in another court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship or Adoption, that could affect this petition. *If you check this box, complete the information below. Attach additional sheets if necessary.*

ACTION 1	<i>Type of Action (e.g. PFA, TPR, Guardianship, Other)</i>	<i>Person (who filed the action)</i>		<i>State</i>
	<i>Court</i>		<i>Case Number</i>	<i>Date Filed</i>
ACTION 2	<i>Type of Action(e.g. PFA, TPR, Guardianship, Other)</i>	<i>Person (who filed the action)</i>		<i>State</i>
	<i>Court</i>		<i>Case Number</i>	<i>Date Filed</i>

Petitioner

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/Notary Public



The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No.: _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____
 City/State/Zip: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Employer & Address: _____

 Hours/Shift _____

E. Social Security No.: _____ F. Date of Birth: _____

G. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Marks/Scars/Tattoos: _____

H. Type of motor vehicle operated by you: _____

I. Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

J. Your relationship to the Defendant/Respondent: _____

K. Attorney: _____

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	Social Security No.

OVER

Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ADULT JUVENILE

M. Name: _____

N. Address: _____

City/State/Zip: _____

O. Phone – Home: _____ Work: _____ Cell: _____

P. Employer & Address: _____

Hours/Shift _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Driver's License U. Type of vehicle operated by

State & No.: _____ Defendant/Respondent: _____

V. Parent's Name (if a juvenile): _____

W. Time when Respondent is usually home: _____

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County



_____,)
 Petitioner)
 v.)
 _____,)
 Respondent)

File No.: _____

Petition No.: _____

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____

Hours Likely to be served: _____ to _____

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____

Hours Likely to be served: _____ to _____

In the event that personal service on one or more of the respondents cannot be effected in Delaware, and the Court finds that personal service is unlikely, please send a summons by U.S. first class mail and U.S. registered or certified mail to the home address listed above. In addition, please publish notice of this action in the following newspapers most likely to give the respondent(s) notice of this action consistent with the requirements of 13 Del. C. § 1107A:

Respondent Name	Local Publication	Foreign Publication (if necessary)
_____	_____	_____
_____	_____	_____

Newspaper Address: _____

Attention: _____

Date

Attorney for Petitioner



PLEASE READ BEFORE CONTINUING PAST THIS POINT:

Only file the following forms if they apply to your situation. Please see the **TERMINATION of PARENTAL RIGHTS** instruction packet for more information

If you do not know where the Respondent lives, complete:

Affidavit that a Party's Address is Unknown - (FORM 241)

If the Respondent(s) agreed upon the termination and transfer of their parental rights, complete:

Consent to Termination and Transfer of Parental Rights – (FORM 140)

If you know the Respondent is **NOT** in the U.S. military, complete:

Affidavit of Non-Military Service – (FORM 405)

If the Respondent is in the military and does not file an Answer or Affidavit of Appearance, you must have them sign:

Waiver of Rights under the Servicemembers Civil Relief Act

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner

v. 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	
D.O.B.	D.O.B.	
Attorney Name	Attorney Name	

- I _____ am the Mother Father of the following children:
 _____, Born on _____
 _____, Born on _____
 _____, Born on _____
 _____, Born on _____
- I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:
The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely: _____
 (Chosen Adopted Parents: _____)
- I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).
- I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.
- I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:
 (a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent;
 (b) I comply with the following instruction for revocation _____

 (c) the agency or individual that accepted the consent and I agree to its revocation.
- I also understand that the Court may set aside my consent if I establish:
 (a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or
 (b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.
- I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).

8. I have read and/or have had read to me the seven statements set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
 my right to service of process;
 my right to notice of such a hearing;
 and my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court
 Yes
 No
12. The attorney who is representing me in regards to this consent is _____, Esq. Any questions I have about this consent were answered by the attorney. If I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney by checking this box:
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ at _____ (AM/PM)
Date and Time Signed

Signature of Consenting Parent

Location of Signing

Printed Name of Consenting Parent

<i>Mailing Address of Consenting Parent</i>
<i>Street Address</i>
<i>P.O. Box Number</i>
<i>City/State/Zip Code</i>

TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, _____, the mother father of _____
who was born on _____ do state that I:

1. Believe that placement of my child for adoption by _____, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Consenting Party

Date

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 Del. C. § 1106(c) because I am
 - A judge of a court of record;
 - An individual designated by a judge to take consents;
 - An employee designated by an agency to take consents;
 - A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
 - A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
 - An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
 2. I have explained the contents and consequences of the consent to the consenting party
-
3. To the best of my knowledge and belief, the consenting party understands that he/she has the right to be represented by an attorney;
 4. To the best of my knowledge and belief, the consenting party read/ was read
 5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
 6. To the best of my knowledge and belief, the individual is: (check one)
 - Not a minor; or
 - Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
 7. The individual executing the consent signed or confirmed the consent in my presence.

Date

*Authorized Person
(printed name)*

*Authorized Person
(signature)*

Agency: _____

Address: _____

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Petitioner

Respondent

Name	Name	File Number
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
Date of Birth	Date of Birth	
Attorney Name	Attorney Name	

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE

)
)
)

SS.

_____ COUNTY

BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the above captioned civil action;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 521 of the Servicemembers Civil Relief Act (50 USCS App. § 501 et seq)

Affiant

SWORN TO AND SUBSCRIBED before me this date, _____

Clerk of Court/Notary Public

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County



_____)	File No.:	_____
Petitioner,)		
and)	Petition No.:	_____
_____)		
Respondent,)		

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE)
)
 _____ COUNTY) ss.

BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the "Servicemembers Civil Relief Act" and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

Respondent ("Affiant")

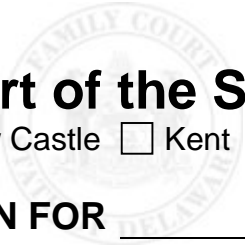
SWORN TO AND SUBSCRIBED before me this date, _____

Notary Public or Clerk of Court

IMPORTANT INFORMATION REGARDING THE FILING **OF A MOTION**

Presenting a motion before the Court requires the completion and filing of three separate documents.

The Generic Motion document (Form 191) must be filed along with the Notice of Motion (Form 192) and Form of Order (Form 193) documents.



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

MOTION FOR _____

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	
Date of Birth	Date of Birth	
Attorney Name	Attorney Name	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	

A PROCEEDING involving _____ having been filed heretofore in this Court, Movant hereby moves the Court for _____ and, in support thereof, alleges the following facts:

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Clerk of Court/Notary Public

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date _____, and sent to the other party or attorney at the address listed on the petition, being _____, first class postage pre-paid.

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Clerk of Court/Notary Public



The Family Court of the State of Delaware

(1) In and For New Castle Kent Sussex County

(2))	
Petitioner)	File No.: _____ (4)
)	
v.)	Petition No.: _____ (5)
)	
(3))	
Respondant)	
)	
)	

NOTICE OF MOTION

TO: (6)

PLEASE TAKE NOTICE that the attached Motion (7) _____ is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

(8)
Petitioner/Attorney

(9)
Date

(10)
Movant/Attorney

Name and address of Movant/Attorney
Street Address
P.O. Box Number
City/State/Zip Code

FAMILY COURT FORMS INSTRUCTIONAL MANUAL

SUBJECT: Form 192, Notice of Motion (Motion Package)

I. Definition

Form 192 is one of two documents that must accompany a motion at the time it is filed in Family Court in accordance with Family Court Rule 7(b)(1). Its purpose is to act as an informational cover sheet which the movant attaches to the copy of the motion that he/she is sending to the other party(ies) in the matter. In this way, the other party(ies) are notified that a motion has been filed in Family Court on a matter in which they have an interest.

II. Preparation

Form 192 is prepared by the movant, or party filing the motion. The original is submitted along with the motion (Form 191) and the form of order (Form 193) at the time of the filing of the motion in Family Court. It is the responsibility of the movant to send a copy of all three forms, completed as appropriate, to the other party(ies). Once it has been filed with the Court, the motion package is sent to Case Processing and then to a judge/commissioner for review. The notice of motion must be served according to Family Court Civil Rule 5(c).

III. Components

The following is entered in the appropriately numbered area(s):

1. An "x" to indicate the appropriate county of the Court.
2. The name of the petitioner.
3. The name of the respondent.
4. The Family Court file number (if known).
5. The Family Court petition number (if known).
6. The names and addresses of the parties to the case and of their attorneys, if applicable.
7. The type of motion being filed.
8. The signature of the attorney/party filing the motion.
9. The date that the motion is being filed.
10. The name and address of the attorney/party filing the motion.

