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

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

**PETITION FOR GUARDIANSHIP OF A MINOR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| File Number: |       |  | Petition Number: |       |

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| **Petitioner** |  |  | **Respondent** |
|  |  |  |
| Name: |       |  |  | Name: |       |  |
|  |  |  |  |  |  |  |
| Street Address: |       |  |  | Street Address: |       |  |
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| Apartment: |       |  |  | Apartment: |       |  |
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| City/State/Zip Code: |       |  |  | City/State/Zip Code: |       |  |
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| Date of Birth: |       |  |  | Date of Birth: |       |  |
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| Phone Number: |       |  |  | Phone Number: |       |  |
|  |  |  |  |  |  |  |
| Attorney Name: |       |  |  | Attorney Name: |       |  |
|  |  |  |  |  |  |  |
| Interpreter needed? | [ ]  Yes [ ]  No |  |  | Interpreter needed? | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  |  |
| Language: |       |  |  | Language: |       |  |
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| **2nd Petitioner (if any)** |  |  | **2nd Respondent (if any)** |
|  |  |  |
| Name: |       |  |  | Name: |       |  |
|  |  |  |  |  |  |  |
| Street Address: |       |  |  | Street Address: |       |  |
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| Apartment: |       |  |  | Apartment: |       |  |
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| P.O. Box Number: |       |  |  | P.O. Box Number: |       |  |
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| City/State/Zip Code: |       |  |  | City/State/Zip Code: |       |  |
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| Date of Birth: |       |  |  | Date of Birth: |       |  |
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| Phone Number: |       |  |  | Phone Number: |       |  |
|  |  |  |  |  |  |  |
| Attorney Name: |       |  |  | Attorney Name: |       |  |
|  |  |  |  |  |  |  |
| Interpreter needed? | [ ]  Yes [ ]  No |  |  | Interpreter needed? | [ ]  Yes [ ]  No |  |
|  |  |  |  |  |  |  |
| Language: |       |  |  | Language: |       |  |
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|  |
| **Guardian Ad Litem (if any)** |  |
|  |
| Name: |       |  |
|  |  |  |
| Law Firm: |       |  |
|  |  |  |
| Office Address: |       |  |
|  |  |  |
| City/State/Zip Code: |       |  |
|  |  |  |
| Phone Number: |       |  |
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| **Does this matter relate to a federal immigration case?** **[ ]** YES [ ]  NO |

|  |
| --- |
| IN THE INTEREST OF THE FOLLOWING CHILD(REN): |
|  |
| **Complete the table below for each child for which petitioner wants guardianship.** |
|  |
| Attach additional sheets if necessary. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Child’s Name:** |       |  |  | **Child’s Name:** |       |  |
|  |  |  |  |  |  |  |
| Date of Birth: |       |  |  | Date of Birth: |       |  |
|  |  |  |  |  |  |  |
| State of Birth: |       |  |  | State of Birth: |       |  |
|  |  |  |  |  |  |  |
| City of Birth: |       |  |  | City of Birth: |       |  |
|  |  |  |  |  |  |  |
| Gender: | (check one) [ ]  Male [ ]  Female |  |  | Gender: | (check one) [ ]  Male [ ]  Female |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Child’s Name:** |       |  |  | **Child’s Name:** |       |  |
|  |  |  |  |  |  |  |
| Date of Birth: |       |  |  | Date of Birth: |       |  |
|  |  |  |  |  |  |  |
| State of Birth: |       |  |  | State of Birth: |       |  |
|  |  |  |  |  |  |  |
| City of Birth: |       |  |  | City of Birth: |       |  |
|  |  |  |  |  |  |  |
| Gender: | (check one) [ ]  Male [ ]  Female |  |  | Gender: | (check one) [ ]  Male [ ]  Female |  |
|  |  |  |  |  |  |  |

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| --- |
| Petitioner’s relationship to the child(ren): |
|  |
| Select one relationship from the choices below. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | non-relative |  |  |  |  |
|  |  |  |  |  |  |
| [ ]  | brother or sister | [ ]  | grandparent or great-grandparent | [ ]  | aunt or uncle |
|  |  |  |  |  |  |
| [ ]  | grandaunt or granduncle | [ ]  | half-brother or half-sister | [ ]  | stepparent |
|  |  |  |  |  |  |
| [ ]  | stepgrandparent | [ ]  | stepaunt or stepuncle | [ ]  | first cousin |
|  |  |  |  |  |  |
| [ ]  | stepbrother or stepsister | [ ]  | first cousin once removed |  |  |
|  |  |  |  |  |  |
| [ ]  | other relative (please explain): |       |  |

|  |
| --- |
| 1. Complete the table below regarding the child(ren)’s parents (individuals holding parental rights): |
|  |
|  |  |  |
| **MOTHER** |  |  | **FATHER** |
|  |  |  |
| Name: |       |  |  | Name: |       |  |
|  |  |  |  |  |  |  |
| Street Address: |       |  |  | Street Address: |       |  |
|  |  |  |  |  |  |  |
| Apartment: |       |  |  | Apartment: |       |  |
|  |  |  |  |  |  |  |
| P.O. Box Number: |       |  |  | P.O. Box Number: |       |  |
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| City/State/Zip Code: |       |  |  | City/State/Zip Code: |       |  |
|  |  |  |  |  |  |  |
| Date of Birth: |       |  |  | Date of Birth: |       |  |
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| 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 affidavit:
 |
|  |
| [ ]  **Affidavit that a Party’s Address is Unknown (Form 241)** |

|  |
| --- |
| 3. Name(s) and address of the person(s) or organization **holding parental rights** of the child(ren): |
|  |
|  |  |
| Name(s): |       |
|  |  |
| Street Address: |       |
|  |  |
| Apartment: |       |
|  |  |
| P.O. Box Number: |       |
|  |  |
| City/State/Zip Code: |       |
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| --- |
| 4. Name(s) and address of the person(s) or organization **having the guardianship, care, control or**  |
|  |
|  **custody** of the child(ren): |
|  |
| If address is the same address as Petitioner(s), please write “same as Petitioner(s).” |
|  |
|  |  |
| Name(s): |       |
|  |  |
| Street Address: |       |
|  |  |
| Apartment: |       |
|  |  |
| P.O. Box Number: |       |
|  |  |
| City/State/Zip Code: |       |
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|  |
| --- |
| 5. Name(s) and address of the person(s) or organization **to whom guardianship** shall be vested if  |
|  |
|  this Petition is granted: |
|  |
| If address is the same address as Petitioner(s), please write “same as Petitioner(s).” |
|  |
|  |  |
| Name(s): |       |
|  |  |
| Street Address: |       |
|  |  |
| Apartment: |       |
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| P.O. Box Number: |       |
|  |  |
| City/State/Zip Code: |       |
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| 6. Proposed guardian(s)’ relationship to child(ren) if proposed guardian is **NOT** the Petitioner: |
|  |
|  Relationship: |       |  |

|  |
| --- |
| 7. Please check all that apply: |
|  |
| [ ]  The following children are under 14 years of age: |
|  |
|  |       |  |
|  |
| **OR** |
|  |
| [ ]  The following children are 14 years of age or older and consent to (agree with) this |
|  |
|  Petition. (*Attach Affidavit of Consent executed by each child who consents.*) |
|  |
|  List the name of each child 14 years of age or older who consents: |
|  |
|  |       |  |
|  |
| [ ]  The following children are 14 years of age or older and do NOT consent to (agree with) |
|  |
|  this Petition. List the name of each child 14 years of age or older who DOES NOT consent: |
|  |
|  |       |  |

|  |
| --- |
| 8. I am filing this petition because: |
|  |
|  Check ALL that apply. |
|  |
| [ ]  The child(ren)’s parent(s) agree that I/we should become the guardian(s) of the child(ren). |
|  |
|  The guardianship is needed because (a reason must be provided; check all that apply): |
|  |
| [ ]  parent(s) lack stable housing |
|  |
| [ ]  parent(s) dealing with substance abuse issues |
|  |
| [ ]  parent(s) physical health |
|  |
| [ ]  parent(s) mental health |
|  |
| [ ]  parent(s) lack of financial resources |
|  |
| [ ]  other (please explain): |       |  |
|  |
| (*Attach an Affidavit of Consent (Form 202) executed by the parent(s) who agree.*) |
|  |
| [ ]  The child(ren)’s parent(s) are deceased. (*Attach a certified copy of the death certificate.*) |
|  |
| [ ]  The child(ren) is/are dependent, neglected, and/or abused based on the following  |
|  |
|  reason(s): |
|  |
|  |  |  |  |
|  |  |       |  |
|  |  |  |  |

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| --- |
| 9. I believe that this guardianship is in the child(ren)’s best interest for the following reason(s): |
|  |
|  |  |  |
|  |       |  |
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| --- | --- | --- |
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|  | **NOTICE – This request for guardianship, if filed by a non-relative or a relative whose relationship is not captured in the definition of “relative” found in 13 *Del. C.* § 2302*,* is subject to an assessment conducted by the Department of Services for Children, Youth and Their Families or a licensed agency, as required by 13 *Del. C*. § 2324A.** |  |
|  |  |  |

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| --- |
| **WHEREFORE**, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren). |

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