Register in Chancery
Kent County
New Castle County
Sussex County
38 The Green
Dover, DE 19901
Wilmington, DE 19801
Georgetown, DE 19947
302-735-1930
Georgetown, DE 19947
302-856-5775

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

# Petition for the Appointment of a Guardian of the Person of an Alleged Disabled Person

You have elected to proceed without an attorney (pro se) to file a petition for guardianship. Our office wants you to be completely aware of the fees that are associated with this type of filing.

The initial filing fee of \$135.00 and an additional \$2.00 per page scanning fee is required at the time you file your petition with our office. Note, we charge a \$1.50 per page for any documents that you may need xeroxed. Acceptable method of payment is either cash or check. If you choose to write a check, make it payable to "Register in Chancery."

A Delaware lawyer will be appointed by the Court to act as the attorney *ad litem*. This attorney will represent the alleged disabled person over whom guardianship is sought. The attorney will investigate and respond to the petition you are about to file. There will be costs for this attorney *ad litem*. The Court will award the attorney *ad litem* a reasonable fee for his/her work on behalf of the alleged disabled person and will decide which party is responsible for payment of the fee. For uncontested matters, the fee can be up to \$750.00. Extraordinary cases such as contested petitions or those that require out of state travel or further investigation may exceed \$750.00. AS THE PETITIONER, YOU WILL BE RESPONSIBLE FOR THE FEE OF THE ATTORNEY AD LITEM.

You will be contacted by the Court once the attorney *ad litem* has been appointed to inform you when the court hearing will be held. You must arrive at least fifteen (15) minutes early for the hearing. Please be advised that you will be unable to bring a cell phone or any electronic device into the Court building. When you arrive, you will need to check in with the Court Clerk and then take a seat in the hall. When your case is called, you will need to step to the podium, state your name and state your case to the Judicial Officer. The Judicial Officer will have a copy of your petition and may ask you questions in reference to it. Please familiarize yourself with this guardianship packet. If you are appointed as guardian, you will receive additional documents and information from the Court.

Please Note: There is additional information and forms available on the Court's website at <a href="http://courts.delaware.gov/Chancery/guardianship/index.stm">http://courts.delaware.gov/Chancery/guardianship/index.stm</a>

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

## **Guardianship Volunteer Program**

The Court of Chancery utilizes a volunteer program designed to monitor individuals who have been placed under guardianship and whose care is the responsibility of court-appointed guardians. This important monitoring function is coordinated by the Guardianship Monitoring Program of the Office of the Public Guardian, and enables the Court to receive first-hand information about people for whom the Court has ultimate responsibility. The volunteer, designated by the Office of the Public Guardian, is assigned a case, given necessary information about the case, and makes an appointment to meet with the guardian and ward. After the visit, the volunteer fills out a report indicating the status of the ward and may make recommendations for action. The volunteer's report is filed by the Office of the Public Guardian and subsequently viewed by Court staff to determine if further action is necessary. The volunteer is considered an extension of the Office of the Public Guardian and the Court and should be treated accordingly.

Persons subject to guardianship are very important and they deserve every right and protection available. You should expect to be contacted in the future by a volunteer and your cooperation with scheduling meeting times with the volunteer is greatly appreciated. Thank you in advance for your time and effort.

Sincerely,

Sherri Hageman, M.S. Guardianship Advocacy Director Office of the Public Guardian (302) 255-1901 or (302) 358-0782

## COURT OF CHANCERY PERSONAL INFORMATION SHEET

In the matter of:	, an alleged disabled person/minor
Social Security Number:	Date of Birth:
C.M. #	Date:
guardian of the alleged disabled p this form in full or my guardiansh sufficient information to determin	ter, I have applied to the Court of Chancery to be appointed as person/minor named above. I understand that I must complete appetition may be denied. In order to provide the Court with the my qualification to serve as guardian and to assist the Court will always be able to locate and make contact with me, the is given:
Petitioner/Guardian's current full i	name:
Petitioner/Guardian's physical add	ress:
Petitioner/Guardian's mailing add	ress (if different):
Home phone number:	Work phone number:
	E-mail address:
Date of birth:	Social Security number:
Driver's License number and State	o:
Place of employment and address:	
Name of supervisor and telephone	number:
Name/Address/Telephone number	of spouse (if not a co-petitioner/co-guardian):
or contact me:	ber of at least two persons who should always be able to locate
Address:	
Phone number:	Relationship:
2. Name:	
Phone number:	Relationship:

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorneys to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the disabled person or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court's staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the disabled person or minor over whom guardianship has been established.

Petitioner/Guardian's signature		
SWORN TO AND SUBSCRI	<b>ED</b> before me, a notary/clerk of the Court for the County on	the
day of	, 20	
	Notary Public/Chancery Court Clerk	



Al	leged disabled person/Minor:	
	AFFIDAVIT OF PETITIONER'S HISTORY	
Pe	titioner's Name:	
1.	Have you ever declared bankruptcy?  Yes No  If so, when?	
	If so, what type?	
2.	Have you ever been convicted of a misdemeanor?  Yes  No  If so, describe which misdemeanor, when and in what jurisdiction you were convicted (i.e., State, County ar Police Department).	nd
3.	Have you ever been convicted of a felony?   Yes  No	
	If so, describe which felony, when and in what jurisdiction you were convicted (i.e., State, County and Police Department).	зе
	<del>-</del>	

			ound guilty.			<u></u>
						_
	tate of Delaware perrecation of your petition of No					
						<u></u>
	and affirm under near	alty of law t	hat the stateme	nts and answers	above are true to	the best of
	and armin under pen-					
solemnly swear ny knowledge.	and arritin under pen-					
	and arritin under pen-	_		Signature		_
ıy knowledge.	D SUBSCRIBED bef	re me on th	ıis date:	J		_
ny knowledge.		ore me on th	nis date:	J		_

		: , : C.M. #	
	An alle	ed disabled person :	
	<u>P</u>	TITION TO APPOINT GUARDIAN(S) OF THE PERSON	
titione	r(s),	, represents:	
1.	Inform	tion about Petitioner(s) (You are the Petitioner):	
	a.	Current address(es):	
	b.	Telephone Number(s):	
	c.	Relationship to alleged disabled person:	
2.		tion about the alleged disabled person:	
	a.	Age:	
	b.	Date of birth:	
	c.	Current address:	
	d.	Permanent address:	
	e.	f the alleged disabled person is a patient/living at a hospital or an institutio  i. Admission date:	n:
		ii. Admitted by:	
		iii. Reason(s) for admission:	
3.	Who i	paying the alleged disabled person's expenses and out of what funds?	
4.	The m	ital status of the alleged disabled person is: (check one)	
	□ Sin	le	

5. The next-of-kin of the alleged disabled person who would be entitled to the estate of the alleged disabled person in the event of the alleged disabled person's death intestate are the following:

	Name of Next-of-Kin	Relationship to Alleged Disabled Person	Address and Phone number of next-of-kin	Next-of- kin's age		
6.	_	-	ve made a Will that is located a			
	custody of the fo	llowing person/entity:		·		
7.	Has the alleged of	lisabled person ever appoint	ed a Power of Attorney?   Ye	es 🗆 No		
	If "Yes", name a	nd address of the Agent und	er the Power of Attorney:			
8.	Has the alleged of	lisabled person been represe	nted by a Delaware attorney w	ithin the		
	last two years? ☐ Yes ☐No					
		the name of the attorney, ex	xplain the reason and include th	ne years of		

9. Has the alleged disabled person ever been a member of the military:  $\square$  Yes  $\square$  No

0.	A list of the believed assets and estimated value are the following:
	A list of the believed current sources of income are the following (i.e. Social Security, Pension):
2.	A list of the believed current sources of liabilities are listed as the following (i.e. living expenses, healthcare, medical expenses, other debts):
3.	With detailed information, explain why it is necessary for the Court to grant you guardianship.
4.	With detailed information, explain why you are an appropriate guardian for the alleged disabled person.

15. All of	the fo	ollowing statements must be true before the Court of Chancery will				
consider this petition. Check ALL of the following statements to acknowledge they are						
true:						
a.		There is currently no guardian for the person of the alleged disabled				
	pers	on.				
b.		The alleged disabled person is unable to properly manage and care for				
	his/l	her person and, as a consequence therefore, is in danger of becoming the				
	vict	im of a designing person. He/she is in danger of substantially endangering				
	his/l	her own health or becoming subject to abuse by other persons.				
c.		The alleged disabled person is domiciled in the State of Delaware.				
d.	☐ Attached is the medical report of					
	Name of attending doctor/physician:					
	Doctor/Physician's office address:					
		Doctor/Physician's phone number:				
e.		Petitioner(s) consents to the Register in Chancery of the Court being				
	his/	her/their agent for acceptance of service on behalf of the Petitioner(s) as to				
	any	claim arising out of the guardianship if, by reason of the guardian's				
	absence(s) from this State, he/she/they cannot be personally served.					

## **WHEREFORE**, Petitioner(s) respectfully request that:

- 1. This Court appoint him/her/them as guardian(s) of the person of the alleged disabled person.
- 2. A preliminary order be entered to schedule a hearing and to notify interested parties.

Signature of Co-Petitioner (If Applicable)	Signature of Petitioner
Address:	Address:
Phone number:	Phone number:
SWORN TO AND SUBSCRIBED before	ore me, a notary/clerk of the Court for the County and
State aforesaid, on the day of	. , 20
	Notary Public/Chancery Court Clerk

## PHYSICIAN'S AFFIDAVIT

NOTE: This affidavit will be used in a legal proceeding to appoint a guardian for the patient named below. The information it contains must be based on your personal examination of the patient. Thank you for your concern and cooperation.

PATIENT'S NAME:			
ADDRESS:			
I,located at			
(provider's name)	(add	ress)	
(telephone number)			
I am licensed to practice in the United States in	n the following sta	tes:	
I am board Certified in			·
This history of my involvement with this patie	nt is the following	:	
I personally examined(Patient's Name)	on	, 20	
The examination lasted approximately		·	
I	(time)		
I performed or ordered the following tests:			

Based on tests and my examination of this pat	tient, it is my professional opinion that s/he				
] <i>does not have</i> a disability that interferes with the ability to make or communicate esponsible decisions regarding health care, food, clothing, shelter, or administration of property					
[ ] does have a disability that interferes v decisions regarding health care, food, clothing	with the ability to make or communicate respons g, shelter, or administration of property.	ible			
The particulars of the disability are as follows	s:				
The patient is unable to perform the following	g functions:				
of guardianship and <b>can</b> consent to the appoint [ ] In my opinion, the patient <b>does not ha</b> nature of guardianship and <b>cannot</b> consent to	ave sufficient mental capacity to understand the the appointment of a guardian.  the penalties of perjury and upon personal				
	Provider's Signature				
<u>-</u>	Printed Name				
STATE OF DELAWARE :					
COUNTY OF:					
SWORN TO AND SUBSCRIBED before	ore me this, 20	_•			
	Notary Public				

IN THE MATTER OF:	:
	: C.M. #
An alleged disabled person	: :
	POINTMENT OF AN ATTORNEY AD LITEM
AND TO SCHED	OULE THE HEARING
AND NOW, TO WIT, on this date,	, the Petition for
the Appointment of a Guardian of (check all the	hat applies): $\square$ the Person and/or $\square$ the
Property of	hereinafter called "alleged disabled person,"
filed in this matter having been read and duly	
NOW THEREFORE, IT IS ORDERED	D as follows:
1. A hearing shall be held at the C	Court of Chancery in(County in which your case was filed)
County, Delaware on	. 20 at 9:30 a.m. to determine
if the Petitioner(s) should be appointed the guarantee	
alleged disabled person.	
2.	, Esquire, is appointed attorney <i>ad litem</i> for the
alleged disabled person.	
3. The Court shall issue notice to	the attorney ad litem for the alleged disabled
person at least ten (10) days before the hearing	g date pursuant to Chancery Court Rule 176(c)
unless the appointed attorney ad litem files a V	Waiver of Service upon notification of the
appointment.	
4. The attorney <i>ad litem</i> shall give	e actual notice of the petition to the alleged
disabled person pursuant to Chancery Court R	tule 176(a) unless the Physician's Affidavit says it
would be detrimental or meaningless to give n	otice.

5. The attorney *ad litem* shall file a report with the Court before noon on this date:

\_\_\_\_\_.

6. Pursuant to the preparation of the report referenced in paragraph "5" of this Order:

- a. All physicians, hospitals, and other healthcare providers covered under the Privacy Standards of the Health Insurance Portability and Accountability Act (HIPAA) are authorized to disclose to the attorney *ad litem* and shall provide the attorney *ad litem* unobstructed access to all medical records, treatment providers, clinical information and other healthcare information relating to the current mental and physical health of the Disabled Person [See 45 CFR sec. 164.512(e)] that the attorney *ad litem* deems necessary for the proper discharge of his/her duties;
- All said physicians, hospitals and other healthcare providers grant said access described in paragraph "6a" of this Order to the attorney *ad litem* without delay;
- c. The attorney *ad litem* and the said physicians, hospitals and other healthcare providers are prohibited from using or disclosing the disabled person's health information for any purpose other than this guardianship proceeding.
- d. The attorney *ad litem* shall return to the physician(s), hospital(s), and other healthcare provider(s) or shall destroy all of the health information provided to the attorney *ad litem* by the physician(s), hospital(s), or healthcare provider(s) (including all copies made) at the end of these guardianship proceedings.

7. **At least ten (10) days before** the hearing date, the Petitioner(s) must send notice by **certified mail, return receipt requested,** to **each** next of kin of the alleged disabled person who did **not** file a Waiver of Notice and Consent. The notice must state the time, place and purpose of the hearing.

8. Petitioner(s) must file at the Register in Chancery's Office all **certified receipts** from the notice(s) mailed to the next of kin no later than two days before the hearing date.

Chancellor/Vice Chancellor/Master

## INSTRUCTIONS FOR NOTIFYING NEXT-OF-KIN OF PETITION FOR GUARDIANSHIP

It is the petitioner's responsibility to notify the alleged disabled person's next-of-kin (spouse, children over the age of eighteen, parents, and/or siblings) when a petition for guardianship is filed with the Court. This includes notifying all of the parties you listed on number five of the guardianship petition.

You, as the petitioner(s), can approach this requirement in one of two ways:

1. A copy of the attached "Waiver of Notice and Consent" can be signed and notarized by each of the alleged disabled person's next-of-kin/relatives.

#### OR

- 2. You can send a copy of the completed "Notice of Petition" and a copy of the granted Preliminary Order to all of the alleged disabled person's next-of-kin, via certified mail. You must then file the following documents with the Court, which are due by noon two days before the scheduled hearing date:
  - a. The attached "Affidavit of Mailing";
  - b. A copy of the "Notice of Petition" that was sent to the next-of-kin; and
  - c. The certified mail return receipts and/or the green cards that have been returned to you.

**PLEASE NOTE:** Any next-of-kin who has not signed a notarized consent must receive notice of your petition by certified mail at least thirteen (13) days before the Court hearing. This ensures that all next-of-kin have adequate time to contact the Court with any questions they may have or file any objection to the guardianship petition.

In the Matter of:	C.M.#:		
AN ALLEGED DISABLED PERS	ON		
WAIVE	R OF NOTICE	AND CONSENT	
I, THE UNDERSIGNED,	name o	of next of kin to the alleged disabled	person
whose relationship to	name of the alleged dis	sabled person	hereinafter called the
"alleged disabled person" is that of			
my right to notice of the Hearing up	on the Petition of	OfPetitione	r's name
to be appointed Guardian of the alle	eged disabled per	rson's Person and/or Pro	operty and hereby
consent toPetitioner' name	's appo	intment as Guardian for	r the alleged disabled
person's (check all that apply)	Person and/or	Property without furth	her notice.
Date Next of	Kin's Address:		n's Signature
SWORN TO AND SUBSO	CRIBED before	me on this date:	

Notary Public or Clerk of the Court

☐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
IN THE MATTER OF:	: : , : C.l	M. #
An alleged disab	: led person :	
NOTICE OF PETITION	N FOR THE APPOINTMENT OF GU	JARDIAN(S) OF THE PERSON
NAME	ADDRESS OF INTERESTED PART	Y
Dear Interested Parties:		
This is a notice that I am/we	are applying for guardianship of	's
Person (to make his/her medi	cal decisions). The Court of Chancery	eged disabled person's name approved the enclosed preliminary
order to schedule a hearing or	n this case. If you object to the petition,	you must appear at the hearing or
immediately contact the Regi	ster in Chancery's Office that has been	marked above.
Petitioner's Signature	Co-Pet	itioner's Signature
DATED:		

In the Matter of:	C.M.#				
AN ALLEGED DISABLED PERSON					
AFFIDAVIT OF MAILING					
BE IT REMEMBERED, that:					
1. The Petitioner,	, mailed on this date with				
postage prepaid a letter dated	to the person(s) set forth in paragraph 2 informing				
them of the Hearing in this matter	r that is scheduled for this date				
2. The person(s) to whom the letter above was mailed and their addresses are:					
Name	Address				

3.	ATTACHED ARE: (Check both statements below to acknowledge both are attached.)			
	A copy of the above referenced letter <b>AND</b>			
☐ The certified mail return receipts.				
	Date	Petitioner's Signature		
SWORN TO AND SUBSCRIBED before me on this date				
		Notary Public or Clerk of the Court		

IN THE MATTER OF:	:
	: : C.M. #
a disabled person	; ;
FINAL ORDER FOR APPOINTMI	ENT OF GUARDIAN(S) OF THE PERSON
WHEREAS, on	a hearing was held in the above-matter
("hearing");	
WHEREAS, Petitioner(s)	Petitioner's name(s)
	Petitioner's name(s)
is/are theof	(hereinafter called "the Disabled person's name
Relationship to alleged disabled person	Disabled person's name
disabled person"), and the disabled person	n's next of kin have waived notice and consented
(agreed) or has/have received notice through	a certified mail to the appointment of the petitioner(s)
as guardian of the person of the disabled per	son;
WHEREAS,leave blank	, Esquire, the previously appointed
attorney ad litem for the disabled person has	s been personally served at least ten (10) days before
the date of the hearing and has rendered his/	her report; and
WHEREAS, the Court having reviewed	d the petition and affidavits, considered the medical
report, and considered the statements made a	and evidence presented at the hearing,
finds that Disabled person's name	is a disabled person because he/she is aged,
	acitated. By reason thereof such disabled person is
unable to properly manage and/or care for h	is/her person and consequently, such disabled person
without a guardian is in danger of substanti	ially endangering his/her health or becoming subject
to abuse by other persons or becoming the vi	ictim of designing persons.

IT IS HEREBY ORDERED, this	day of leave date blank	, 20,
as follows:	reave date blank	
1. Petitioner's name	-(-)	is/are hereby
appointed guardian(s) of the person of		subject to the
applicable law and Rules of the Court relat	ting to the care and man	nagement of disabled persons
pursuant to 12 Del. C. § 3922.		
2. The guardian(s) shall file a status re	port with the Register in	n Chancery every year on the
anniversary date of the appointment of gua	ardian(s) (the date of the	nis Order) as required by the
Rules of this Court and at any other time the Court shall direct. The status report shall include the		
current mailing address of the disabled person and the guardian(s), and the current medical		
statement from the attending physician setting forth the current medical status of the ward and		
addressing the need for a continued guardianship.		
3. The guardian(s) is/are required to page	y \$ to	leave blank
Esquire, for his/her services as the attorne		
litem is hereby discharged.		
4. The Register in Chancery of this C	ourt is appointed agent	of the guardian(s) to accept
service of process on behalf of the guardian(s) as to any claim arising out of the guardianship if,		
by reason of the guardian's absence from this State, he/she/they cannot be served.		
5. In the event of the disabled person's	death, the guardian(s) sl	hall notify the Register in
Chancery's Office within ten days.		
	Chancellor/Vice Chance	cellor/Master