# TERMINATION OF PARENTAL RIGHTS (TPR) FORMS PACKET

The sample forms within this packet are to be used as a guide in completing the blank Court forms. Please do not submit sample forms.

All TPR blank and sample forms can be found on the Family Court website at: https://courts.delaware.gov/family/tpr/forms.aspx

#### **Enclosed Blank and Sample Forms:**

- 1. Petition for Termination of Parental Rights Form 112
- 2. Custody Separate Statement Form 346
- 3. Information Sheet Form 240
- 4. Praecipe in a Termination of Parental Rights Action Form 115
- 5. TPR Order of Reference Form 110T
- 6. Order for a Hearing Form 118A
- 7. Final Order Form 107
- 8. Affidavit of Consent Accepting Transfer of Parental Rights Form 200

#### **Optional or Situational Forms:**

- 9. Affidavit that a Party's Address is Unknown Form 241
- 10. Consent to Termination and Transfer of Parental Rights Form 140
- 11. Waiver of Rights Under the Servicemembers' Relief Act Form 420
- 12. Petitioner's Supplemental Affidavit Regarding Unknown Father Form 239
- 13. Motion for Continuance Form 196
- 14. Affidavit of Non-Military Service Form 405

Phone Number

**Email Address** 

# The Family Court of the State of Delaware In and For $\square$ New Castle County $\square$ Kent County $\square$ Sussex County

#### PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner			Res	spondent	5/				
Name			Nam	ne					File Number
D.O.B.			D.O.	D.O.B.					
Street Address (including Apt)			Stree	et Address (includ	ing Apt)				Petition Numbe
P.O. Box Number			P.O.	Box Number					
City	State	Zip Cod	e City			State	Zip Code	┦┖	
Home Phone Number	Work Ph	none Number	Hom	e Phone Number		Work Pho	ne Number		
Email Address			Ema	il Address					
Relation to Child(ren)			Rela	tion to Child(ren)					
Interpreter needed? ☐ Yes	□ No			preter needed?	] Yes 🔲	No			
Language  2nd Petitioner (if applic	able)			guage I Respondent	(if applic	cable)			
Name				2nd Respondent (if applicable)  Name					
D.O.B.			D.O.	D.O.B.					
Street Address (including Apt)			Stre	Street Address (including Apt)					
P.O. Box Number			P.O.	Box Number					
City	State	Zip Code	City			State	Zip Code		
Home Phone Number Wo	ork Phone	Number	Hom	ne Phone Number		Work Pho	ne Number		
Email Address			Ema	Email Address					
Relation to Child(ren)			Rela	Relation to Child(ren)					
Interpreter needed? ☐ Yes ☐ No Language				Interpreter needed?					
Child Attorney (if applied	cable)								
Name									
Law Firm									
Office Address					1				
City			State	Zip Code	_				

## IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete for each child for whom 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)		
Complete below regarding the child(regarding the child(regard	, .	olding parental rights:  Date of Birth Social Security Number		
If you do not know the name/address provided below what you have done to		(ren)'s parents, write in the space		
I have tried to determine whether the thereafter.  I have tried to determine whether the certificate.  If necessary, I have attached to this Affidavit that a Party's Affid	he mother named anyone as	the father on the child's birth		
Parental Rights Proceed		nown Father in a Termination of davit that Mother does not know o Petitioner)		
Name(s) of the person(s) or organization     the child(ren):	ation having the guardians	ship, care, control or custody of		
Address of person(s) or organization:				
<ol> <li>Name(s) of the person(s), DSCYF, or transferred if this Petition is granted:</li> </ol>	r licensed agency <b>to whom</b>	parental rights are sought to be		
Address of person(s), DSCYF, or licensed agency if address is different from address of Petitioner(s):				
Affidavit of Consent Accepting 7 *Necessary unless petition is filed	<u> </u>	· ·		

	the child(ren) with blood			
	Results of these efforts:			
	Statement concerning ot	her placement eff	orts that have been taken, if any:	
	_	utorily required s	E PARENT WITH NO ADOPTION CONTE tatement describing the serious physical of not terminated:	
	<u> </u>		st interests of the child(ren).	
		<b>HED</b> to this Peti	<b>OTH CONSENT</b> to the termination and tranition is the <i>Consent to Termination and</i> condent.	
		, <b>ATTACHED</b> to t	he or she consents to the termination and his Petition is the <i>Consent to Termination a</i> pondent.	
	and transfer of his or	her parental rigi	only <b>ONE (1)</b> Respondent consents to the hts, <b>ATTACHED</b> to this Petition is the ts (Form 140) for the consenting Responde	Consent t
			or Termination of Parental Rights for each or and for Termination of Parental Rights for	
		Petition for Term	AGENCY IS A PARTY: an adoption petition ination of Parental Rights. *Required unless	
	Petitioner	Date	2 <sup>nd</sup> Petitioner (if any)	Date
	Print Name		Print Name	
n to	and subscribed before me:		Sworn to and subscribed before me:	
Clerk	of Court/Notary Public	Date	Clerk of Court/Notary Public	Date
	Print Name		Print Name	

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

#### **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.				
Termination of Parental Rights is true and correct to the be	e best of my/our knowledge.			
	Datition			
	Petitioner			
	Print Name			
	2 <sup>nd</sup> Petitioner			
	Print Name			
	T THE Name			
	_			
SWORN TO AND SUBSCRIBED BEFORE ME on this date	<del>9</del> ,			
	Clerk of Court/Notary			
	Print Name			

#### **GROUNDS 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. If there are 2 children, then 2 Grounds for Termination of Parental Rights forms MUST be completed and attached to the Petition.

CHILD'S NAME:
Indicate the grounds for Termination of Parental Rights (Place an "X" next to the grounds that apply). At least one of the boxes numbered 1 through 9 must be checked.
CONSENT:
<ol> <li>A parent of the child, or a person or organization holding parental rights over the child, agrees (consents) that this Petition should be granted.</li> <li>A Consent to Termination and Transfer of Parental Rights (Form 140) is attached to the Petition.</li> </ol>
INTENTIONAL ABANDONMENT:
2. Respondent(s) have intentionally abandoned the child as evidenced by the fact that (If you check box 2, you must place an "X" next to at least one of the following that apply):
<ul> <li>a.</li></ul>
<ul> <li>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) of the 12 months preceding the filing of this Petition, Respondent(s) FAILED to:</li> <li>Communicate or visit regularly with the child; AND</li> <li>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).</li> </ul>
c. The child is <u>younger than 6 years old</u> at the time of filing this Petition <b>AND</b> Respondent(s) have placed the child in circumstances leaving the child in <u>substantial risk of injury or death</u> and, therefore, has manifested (shown) the unwillingness to exercise parental rights and responsibilities.
UNINTENTIONAL ABANDONMENT:
3. Respondent(s) have <u>unintentionally abandoned</u> the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent(s) FAILED to:

> Communicate or visit regularly with the child; AND

- > File or pursue a pending Petition to establish paternity or to establish a right to have contact or visitation 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).

	AND at least one of the below applies (Place an "X" next to at least one of the following that apply):
	☐ The child is not in the other parents' legal and physical custody and Respondent(s) are not able or willing promptly to assume legal and physical custody of the child, and to pay for reasonable support for the child.
	☐ The child is in the legal and physical custody of the other parent and a stepparent, and the stepparent is the prospective adoptive parent, and Respondent(s) are not able or willing promptly to establish and maintain contact with the child and to pay reasonable support for the child in accordance with the Respondent(s)' financial means.
	☐ Placing the child in Respondent(s)' legal and physical custody would pose a risk of substantial harm to the child's physical or psychological well-being. Respondent(s) are unfit to maintain a relationship of "parent and child" with the child because of at least one (1) of the following reasons:
	i. The circumstances of the child's conception; <b>OR</b>
	ii. Respondent(s)' behavior during pregnancy; <b>OR</b>
	iii. Respondent(s)' behavior after the child was born; OR
	iv. Respondent(s)' behavior with respect to another child.
	☐ Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.
	DETRIMENTAL TO THE CHILD
	In determining whether failure to grant the termination of parental right would be detrimental to the child, the Court will consider all relevant factors, including the following:
	A. The respondent's efforts to obtain or maintain legal and physical custody of the child.
	B. The role of another person in thwarting the respondent's efforts to assert parental rights.
	C. The respondent's ability to care for the child.
	<ul><li>D. The child's age.</li><li>E. The quality of a previous relationship between the respondent and child, and between the respondent and</li></ul>
	another child.
	F. The duration and suitability of the child's current custodial environment. G. The effect on the child of a change of physical custody.
CON	VICTION OR ADJUDICATION:
4.	Respondent(s) have been convicted or adjudicated of the following (or a substantially similar offense in another jurisdiction) (If you check box 4, you must place an "X" next to at least one of the following that apply):
	☐ A felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; <b>OR</b>
	☐ Aided, abetted, attempted, conspired, or solicited to commit a felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; <b>OR</b>
	☐ Dealing in Children or attempting to deal in children under § 1100A of Title 11; <b>OR</b>
	☐ Felony level endangering the welfare of a child under § 1102 of Title 11; <b>OR</b>
	☐ Murder or manslaughter of the other parent of the child who is the subject of the petition; <b>OR</b>
	Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the

other parent of the child who is the subject of this petition.

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		he Respondent(s) are not able or have failed to plan adequately for the child's physical needs ental and emotional health and development; <b>AND</b> at least <b>ONE</b> (1) of the following conditions net (CHECK ALL THAT APPLY):
		The child has been in DSCYF custody or placed by a licensed agency for at least 1 year.
		The child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant.
		DSCYF previously had custody of the child or another child of the Respondent(s).
		The Respondent(s) have a history of dependency, neglect, abuse, or lack of care of the child or another child.
		The Respondent(s) are incapable of discharging parental responsibilities due to extended or repeated incarceration (the Court may consider the Respondent(s)' postconviction conduct).
6.		ATE: at the time of the Termination of Parental Rights Hearing, the child will be a dependent or neglected child in the Respondent(s)' care and ALL of the following are true:
		The Petitioner is the child's parent, guardian, permanent guardian, or relative.
		The child has resided in the Petitioner's home for at least 1 year.
		The Respondent(s) failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition.
		The Respondent(s) are unlikely to be able to remedy the dependency or neglect in the near future. *NOTE*: in making this determination, the Court shall consider the Respondent(s)' efforts to remedy the dependency or neglect.
Yo		
ne		also include a detailed statement of why the child would be a dependent child or hild in the Respondent(s)' care:
ne		· · · · · · · · · · · · · · · · · · ·
ne		· · · · · · · · · · · · · · · · · · ·
7.	eglected c	· · · · · · · · · · · · · · · · · · ·
7. 8.	PRIC been	hild in the Respondent(s)' care:  OR INVOLUNTARY TERMINATION: Respondent(s)' parental rights over another child have

## The Family Court of the State of Delaware

In and For  $\square$  New Castle County  $\square$  Kent County  $\square$  Sussex County

#### **CUSTODY SEPARATE STATEMENT**

Peti	tioner	v. F	Respondent					
Na	me		Name				File Num	ber
1.	, ,	<u> </u>	) (Please pr	ovide full nan	ne and date	of birth)		
	Child's Name			Date of Birth (r	mm/dd/yyyy)	Place of Birtl	h (City, State)	
3.	Have all the children listed about the same of the sam	-					please con	nnlete :
	Custody Separate Statemen  Address where child(ren) currently re-	t for each chil				T		
S	** If the address where the child(ren DO NOT provide the address on this					t. Date(s) C	child(ren) lived hei to pr	re resent
DRES	Address		Cit	У		State	e Zip	
CURRENT ADDRESS	People living in the household with the ch	ild(ren):		Date	of Birth	Relationship t	to child(ren):	
4.	During the <b>past five years</b> , where the past five years, where the past five years is the past five years.	nere has/have	the child(re	n) lived? List i	addresses f	from the mo	ost recent to th	e oldest
••	If the child(ren) is under the a							
DRESS	Address where child(ren) previously re	sided	City			State	Zip Cod	e
PRIOR ADDRI	Date(s) child(ren) lived there to	nd there Name of person(s)		child(ren) lived with Relat		nship to child(i	ren)	
PRIO	Person's current address		City	City		State	Zip Cod	le e
ESS	Address where child(ren) previously re	sided	City	City		State	Zip Cod	le
RIOR ADDRESS	Date(s) child(ren) lived there to	Name of person	(s) child(ren) li	ved with	Relation	nship to child(i	ren)	
RIOF	Person's current address	1	City		1	State	Zip Cod	le

ESS	Address where child(ren) previously resided		City	City		State	Zip Code		
PRIOR ADDRESS	Date(s) child(ren) lived there	Name of person(s	s) child(ren) lived w	vith	Relationsh	ip to child(ren)			
PRIOF	Person's current address		City	City		State	Zip Code		
ESS	Address where child(ren) previously r	esided	City			State	Zip Code		
PRIOR ADDRESS	Date(s) child(ren) lived there			vith	Relationsh	Pelationship to child(ren)			
PRIOF	Person's current address		City			State	Zip Code		
5.	<ul> <li>5. Check ONE and complete as directed.</li> <li>No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).</li> <li>A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). In you check this box, complete the information below. Attach additional sheets if necessary.</li> </ul>								
ON 1	Name of person(s) with physical custo	visitation		Relationsh	ip to child(ren)				
PERSON	Person's current address	City	City		State	Zip Code			
ON 2	Name of person(s) with physical custo	visitation	isitation Relationship						
PERSON	Person's current address	City	City			Zip Code			
6.	Select all that apply and com  I have not been involved  I have been involved in a complete the information	in any other cou nother court actio	rt action for cus	and/or visitatio	on of this c	•	•		
1	Type of Action (e.g. Custody, Visitation	n, Other)	Person (who filed t	the action)			State		
ACTION 1	Court			Case Number		Date Filed			
AC	Result				Date of O	rder			
2	Type of Action (e.g. Custody, Visitation	n, Other)	Person (who filed t	Person (who filed the action)			State		
ACTION	Court			Case Number		Date Filed	1		
Ä	Result				Date of O.	rder			
3	Type of Action (e.g. Custody, Visitation	n, Other)	Person (who filed t	erson (who filed the action)			State		
ACTION 3	Court			Case Number		Date Filed	1		
Ā	Result				Date of O	rder			

7	. Check <b>ONE</b> and complete as directed.						
	<ul> <li>I do not know of any other court action so Guardianship, Adoption or Paternity invo petition.</li> <li>I, the other party or the child(ren) have be Protection From Abuse, Termination of Petition. If you check this box, complete to</li> </ul>	lving myself, the een and/or are c arental Rights, (	other party or the ch urrently involved in a Guardianship or Adop	ild(ren) that could nother court actior tion, that could af	affect this a such as, fect this		
Type of Action (e.g. PFA, TPR, Guardianship, Other)  Person (who filed the action)							
ACTION	Court		Case Number	Date Filed			
2 N	Type of Action(e.g. PFA, TPR, Guardianship, Other)	Person (who filed the action)			State		
ACTION	Court		Case Number	Date Filed			
			Б	Patitionar			
Petitioner Sworn to and subscribed before me this day of							
			Clerk of Co	ourt/Notary Public			

Form 240 Rev 6/20

## The Family Court of the State of Delaware INFORMATION SHEET - PLEASE PRINT

D	Date:		OL IN File	No.:		-
Please fill in A to M perta	ining to you the App		etitioner. (For a		oners use addition	onal sheets)
A. Name:						
P Addross:						
City/State/Zip:						
C. Phone – Home:		W	Vork:		Cell:	
D. Email Address:	ly Court to deliver co					d of to my mailing
*Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit <a href="https://judicial.state.de.us/courtdox/Download.aspx?id=94888&amp;court=readonly">https://judicial.state.de.us/courtdox/Download.aspx?id=94888&amp;court=readonly</a> .						
E. Employer & Address	s:					
Hours/Shif						
F. Social Security No.:	·		G Dat	to of Rirth		
H. Place of Birth (City 8				e oi Diitii.		
I. Sex: Race:				Hair	Fv	/es:
Marks/Scars/Tatt						·
J. Type of motor vehicl						
K. Driver's License No.						
L. Your relationship to						
M. Attorney:						
-						_
Please fill	out the information	n below	in reference	to the child(re	n) who are invo	olved.
Children						
Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace
	1	1 1		1 '	1	City & State
				· ·		
	+	$\vdash$	<del>                                     </del>	<i>-</i>	<del>                                     </del>	<del> </del>
		<del>                                     </del>	<del>                                     </del>	<b></b>	<del> </del>	<del> </del>
		<del>                                     </del>	<b> </b>	<b></b>	<u> </u>	
	<b></b>	<b> </b> /	<b></b> /	<u> </u>	'	
		<u>                                     </u>	<u> </u>			
	T	[		<i></i> '	Γ '	
				1		

Please fill in N to AC perta	ining to the Defendant/Respond	dent. (For additi	onal respondents use	additional sheets)
N Defendant/Decondent	t is a: (Check One) 🔲 ADU	ILT 🗌 JUVE	:NIII E	
O. Name:				
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
	Work:		Cell:	
R. Email Address:				
S. Employer & Address:				
Hours/Shift				
T. Social Security No.:		U. Date of Birt	th:	
V. Place of Birth (City & S	tate):			
W. Relationship to Child:	☐ Not Applicable ☐ Mother	☐ Father ☐	Relative $\square$ Non-Rel	ative
	Other (Please Describe):			
V 0 5				_
X. Sex: Race:	Height:	Weight:	Hair:	Eyes:
Marks/Scars/Tattoos:	7. T		h	
Y. Driver's License State & No.:	Z. Type of v Defendant/F	ehicle operated	ру	
	venile):	•	<del></del>	
	ent is usually home:			
AB. Time when responde	in is asaally nome.			
40 4 1 1111 11 4 11				
AC. Additional information	about Respondent that may a	aid the process s	server in locating him/	her to serve petition:
	DIRECTIONS TO RES	PONDENT'S RE	SIDENCE	

Form 115 (Rev. 6/10)

# The Family Court of the State of Delaware

In a	nd For 🗌 New Castle 🔲 Kent 🔲 S	ussex County
Petitioner V. Respondent	)	e No.:
·	, , <b>, , , , , , , , , , , , , , , , , </b>	
TO: Clerk of Court,	I A TERMINATION OF PARENT nons and copies of the petition upon the relaware:	
RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Hours Likely to be served:	to	to
RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Hours Likely to be served:	to	to
Delaware, and the Court find mail and U.S. registered or	ersonal service on one or more of the ds that personal service is unlikely, pleas certified mail to the home address listed bellowing newspapers most likely to give ents of 13 Del. C. § 1107A:	se send a summons by U.S. first class ed above. In addition, please publish
Respondent Name	Local Publication	Foreign Publication (if necessary)
Date		Attorney for Petitioner

## The Family Court of the State of Delaware

		e County
		OF DELAND
	Petitioner	) ) File No.:
V	<b>'.</b>	) Petition No.:
	Respondent	) )
	ORDER OF REFERENCE FO	OR TERMINATION OF PARENTAL RIGHTS
IIVAH	NG CONSIDERED the request of the	Movant, ; and
WHEI Court		nination of Parental Rights having been presented to the
WHE	REAS, appearing that the Petition has	s been properly filed:
IT IS	HEREBY ORDERED, this	_ day of:
1.		shall perform a Social Study and submit a
	report to the Court as required by 1 Order.	3 Del. C. § 1107(b) within six (6) months of the date of this
2.	As required by Section 1107(b), the	e report must consider the best interest factors under
Section 722 of Title 13 and include all statutorily referenced elements.		
		Judge Signature
		Judge Print

Date mailed/emailed:

Form 118A Rev 6/22

# The Family Court of the State of Delaware In and For New Castle County Kent County Sussex County

	OF HELS
Petitioner	) File No.:
V.	)
	) Petition No.:
Respondent	)
	)
	)
ORDER FOR HEARING FOR	TERMINATION OF PARENTAL RIGHTS
AND NOW TO MIT II (	
	ion of having been
read and considered,	
IT IS ORDERED that the above matter be	be set down for a hearing on at
	er shall appear to establish that Respondent's parental rights
	ninated and said rights granted to
	he petition and in opposition to the evidence offered in
support thereof.	
IT IS FURTHER ORDERED that the Cle	erk of Court shall cause notice of the time, place and purpose
of the hearing to be served upon	at their last known address.
If such personal service cannot be accomplish	ed, then such notice shall be published:
On the Court's legal notices websit	e for at least three consecutive weeks.
OR	
☐ In	once each week for three consecutive weeks.
If publication is necessary, notice shall also be	sent to the Respondent by regular and certified mail to the
last known address, a copy of the Petition atta	
So Ordered this Date:	
	 Judge

### The Family Court of the State of Delaware

In and For  $\square$  New Castle County  $\square$  Kent County  $\square$  Sussex County Petitioner File No.: ٧. Petition No.: Respondent FINAL ORDER FOR TERMINATION OF PARENTAL RIGHTS AND NOW, TO WIT, this day of , the Petition of for the Termination of Parental Rights of having been presented to and duly considered by this Court and the Court being satisfied from the evidence presented at the hearing on said Petition that the grounds for Termination of Parental Rights as defined by 13 Del.C. § 1103 have been established. IT IS ORDERED that all parental rights of the said with respect to be and they are hereby terminated and transferred to the Petitioner, Judge Signature

**Judge Print** 

# The Family Court of the State of Delaware In and For $\square$ New Castle County $\square$ Kent County $\square$ Sussex County

#### AFFIDAVIT OF CONSENT ACCEPTING TRANSFER OF PARENTAL RIGHTS IN ACCORDANCE WITH 13 Del. C. § 1106(e).

Petitioner, v.  Respondent, In the matter of:	) ) File No.: ) ) Petition No.: ) )
the involved minor child(ren), pursuant to 13	es to accept the transfer of parental rights over Del. C. § 1106(e).
Date	Consenting Party Name
Sworn to and subscribed before me this	Consenting Party Signature  day of,  Clerk of Court/Notary Public

# The Family Court of the State of Delaware In and For $\square$ New Castle County $\square$ Kent County $\square$ Sussex County

#### **AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN**

Petitio	ner	Respondent	File Number
Name:		Name:	
State o	of Delaware ) ) County )		Petition Number
		day of , State and County aforesaid, ording to law did depose and say:	
1.	My name is		
2.	I do not know the current address or with the current address or telephon contacted his/her:	r telephone number, nor do I know anyone who co ne number of	
	(Please check as appropriate)   Pa	arent 🗌 Spouse 🔲 Employer 🔲 Other:	
3.	His/Her last known address and tele	ephone number were:	
	Street Address (including Apt)  P.O. Box Number		
	. 10. 2011 10.		
	City/State/Zip Code		
	Phone Number	Information as of: (date)	
4.	I have had no contact with him/her s	since	
5.		sibility to accomplish publication, unless the Court uperis and has waived publication costs.	has approved my
6.		ort the Affidavit of Publication within 30 days of filin will result in the petition being dismissed.	ng this form. I further
7.	I understand publication is not perm	itted in paternity, spousal support, or child suppor	t cases.
8.	The information contained herein is	true and correct to the best of my knowledge and	belief.
		Affiant	
Swor	n to subscribed before me this	day of , _	
		Clerk of Court/ Notary Public	Date

## The Family Court of the State of Delaware In and For New Castle Kent Sussex County

#### CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petit	tioner	v. Respondent	
Name		Name	File Number
Stree	t Address (including Apt)	Street Address (including Apt)	
P.O. I	Box Number	P.O. Box Number	Petition Number
City	State Zip Code	City State Zip Code	
D.O.E	3.	D.O.B.	
Email	Address	Email Address	
Attorr	ney Name	Attorney Name	
1.	I,of the following children:	, am the ☐Mother ☐Father ☐	Presumed Father
•	or the following children.	, born on	
		born on	
		 , born on	
		, born on	
2.	I consent to the termination and tran above for the purpose of adoption to:	nsfer of my parental rights in my child(ren) na	amed in paragraph 1
		hildren, Youth, and Their Families or an appro	ved adoption agency,
3.	I understand the importance of my derights in this child (these children).	ecision and fully realize the effects of the termi	nation of my parental
4.	I understand that by terminating my children) will be extinguished, except	parental rights, all of my rights and obligation for any arrearages of child support.	s to this child (these
5.	I understand that after this consent is for any reason except:	signed by me, this consent is final and may r	not be revoked by me
	whom the parental rights are to	<b><u>kecuting this consent</u></b> , I deliver written notific be transferred that I revoke my consent; <b>OR</b>	
	(b) I comply with the following instru	ction for revocation:	
			; OR
	(c) the agency or individual that acc	cepted the consent and I agree to its revocation	n.
6.	I also understand that the Court may	set aside my consent if I establish:	
	(a) By clear and convincing evider	nce, before a decree of adoption is issued, t	hat my consent was

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided

1 of 3

for in this consent, as set forth in Paragraph 5(b) above, has occurred.

obtained by fraud or duress; or

- 7. 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 or have had read to me the Consent Party Statement 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.

donying the release of any lacinitying information.	
<ul> <li>I know and understand that I have the right to be ser parental rights and to attend a hearing on my impor child(ren). I understand that the Family Court may conto attend. I waive my rights to the following: <ul> <li>my right to service of process;</li> <li>my right to notice of such a hearing;</li> <li>my right to attend the hearing.</li> </ul> </li> </ul>	rtant decision to terminate my parental rights in m
11. I would like to receive a copy of the final order of the	Court.
12. The attorney who represents me regarding this consent were Any questions that I have about this consent were	
to represent me at no cost. I knowingly and volur	
13. I understand that I will receive a copy of my signed co	onsent.
<ol> <li>I have signed this consent voluntarily and of my overeceived any money or anything else of value in exch</li> </ol>	
at (AM/PM)	
Date and Time Signed	Signature of Consenting Parent
	Printed Name of Consenting Parent
Location of Signing	Mailing Address of Consenting Parent
	Street Address
	P.O. Box Number
	City State Zip Code
	Date of Birth of Consenting Parent

## TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

Ι, _		, t	ne 🗌 mother 🔲 father	presumed father of
			who was born on	, do state that I:
	(Child's Name)			
1.	Believe that placement of my ch	ild for adoption l	oy	, would be
2	in the child's best interest.	ata mu narantal	rights is an important or	
2. 3.	Know that the decision to termin			ie. nated, I will no longer be the legal parent
٥.	of my child.	iniy paremarng	ills in my child are termin	nated, i will no longer be the legal parent
4.	Know and understand that when	I terminate mv	parental rights in my chi	ld that I give up all rights.
5.	Know and understand that when			
	child becomes the child of	•	and	
	and as a result the child's name	may be change		
6.	Know and understand that when	I terminate my	parental rights in my chil	d, my child loses the right to inherit from
		from him or her	This shall not in any wa	ay limit my right to provide for the
7	disposition of my estate by will.	. 41		
7.				ney in this matter, and may be entitled to
	have the Court appoint an attorn	ley to represent	me for free.	
•	Date			Consenting Party
			TION STATEMENT	
	undersigned, hereby certify the fo			-d 40 D-/ O \$ 4406(-) b l
1.	☐ A judge or commissioner of			nder 13 <i>Del. C</i> . § 1106(c) because I am
	An individual designated by			
	An employee designated by			
				or the agency to which parental rights
	will be transferred;			
	☐ A commissioned officer on a			nited States, if the individual
	executing the consent is in the			
	individual executing the cons			tates in another country, if the
2.	I have explained the contents ar			onsenting party:
3.	•	•		ds that he or she has the right to be
0.	represented by an attorney;	a bollot, the con	conting party andorotant	as that he of the has the right to be
4.		d belief, the con	senting party 🗌 read/ 🗌	was read the consent and understood
_	it;			
5.	To the best of my knowledge an			o the consent voluntarily;
6.	To the best of my knowledge an ☐ Not a minor; <b>or</b>	a bellet, the that	vidual is: (check one)	
		dvised by a lawy	ver who is not representi	ng an adoptive parent or the agency to
	which parental rights are bei		or who is not representing	ing an adoptive parent of the agency to
7.	The individual executing the con		confirmed the consent in	my presence.
	· ·	· ·		,
	 Date	Authorized Per	son	Authorized Person
		(printed nam		(signature)
		Agency:		
		Address:		

# The Family Court of the State of Delaware

In and For New Castle County	Kent County Sussex County
	nel ST
	) File No.:
Petitioner,	
and	) Petition No.:
Respondent,	
ixespondent,	
	SHTS UNDER THE RS CIVIL RELIEF ACT"
STATE OF DELAWARE	)
COUNTY	SS.
	<i>I</i>
BE IT REMEMBERED, that on this date, before me, a Notary Public for the State of Delay, ("Affiant" did depose and say:	, personally appeared ware in the County declared above, '), who, being duly sworn by me according to law,
	us continued cons
<ol> <li>That Affiant is the Respondent in the abo</li> </ol>	ve captioned case;
2. That Affiant is active duty in the United St	tates military; and
•	e "Servicemembers Civil Relief Act" and in doing attorney, will be required to timely respond to and d with the above captioned case.
	Respondent ("Affiant")
SWORN TO AND SUBSCRIBED before me thi	s date, , ,
	Notary Public or Clerk of Court

Form 239 Dev 10/21

## The Family Court of the State of Delaware In and For New Castle County Kent County Sussex County

#### PETITIONER'S SUPPLEMENTAL AFFIDAVIT REGARDING UNKNOWN FATHER IN A TERMINATION OF PARENTAL RIGHTS PROCEEDING

Petitioner	Respondent (Mother)	File Number
	Respondent (Father) UNKNOWN FATHER	Petition Number
State of Delaware ) County )		
1. My name is		
2. I am the Petitioner in the above action a	and have filed a termination of parental rights	petition involving
(Child's Name)	, the child who is the subject of th	e petition.
<ul><li>I affirm the following (please check on</li><li>Mother does not know the father's</li><li>Mother is unwilling to disclose the</li></ul>	name.	
4. The information above is true and corre	ect to the best of my knowledge and belief.	
	Affiant Signature	
	Print Name	
Sworn to subscribed before me this	day of ,	
	Clerk of Court/ Notary Public	Date
<u></u>	Print Name	

The Family Court of the State of Delaware
In and For New Castle County Kent County Sussex County MOTION FOR CONTINUANCE

Petitioner	Respondent		
Name	Name		File Number
Street Address (include Apt)	Street Address (include 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		
	vant hereby moves the Court for		peen filed in this Court support thereof,
<ul><li>alleges the following facts:</li><li>1. I cannot attend the Court P</li></ul>	roceeding scheduled on	at	due to:
Documentation must be	attached.		
	ing counsel or the opposing party e following is his or her position:		arding this
3. This case has been schedu	lled for a hearing	times previously.	
iv. the dates on which each court s that a conflict was being created	, you must also provide the follow nnot be resolved; onflicting cases; e parties, witnesses, and other person if scheduled the case and whether the cou	wing information: f a continuance is granted; urt which created the schedu	uling conflict was aware
SWORN TO AND SUBSCRIBE	D before me this date,		
		Movant/	Attorney
Clerk of Court/ Nota	ary Public		
I, the Movant, affirm that a true a	nd correct copy of this Motion wa	as placed in the U.S. M	ail on this date
, and ser	nt to the other party or attorney a	t the address listed on	the petition, being
		, first class p	ostage pre-paid.
SWORN TO AND SUBSCRIBE	D before me this date,		
	<u> </u>	Movant/	Attorney
Clerk of Court/ Nota	ary Public		

## The Family Court of the State of Delaware In and For New Castle County Kent County Sussex County Petitioner File No.: ٧. Petition No.: Respondent **NOTICE OF MOTION** TO: PLEASE TAKE NOTICE that the attached Motion for 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). Dated:

Movant/Attorney
N
Name and address of Movant or Attorney
Street Address (including Apt)
3 17
P.O. Box Number
City/State/ Zip Code

# The Family Court of the State of Delaware In and For New Castle County Kent County Sussex County

in and i oi ivew castle	County Rent C	Journey Jussex County	
,	OF DELL		
Petitioner	)	File No.:	
V.	)	Detition No.:	
	)	Petition No.:	
Respondent	)		
	)		
	)		
	<u>ORDER</u>		
Having considered the request of the m	vovant		
Having considered the request of the m	ovani, ,		
IT IS SO ORDERED, this date:			
		hadaa (Oo aanaissi aa aa	
		Judge/Commissioner	
CC: Petitioner Petitioner's Attorney			
☐ Respondent ☐ Respondent's Attorney			
☐ DAG ☐ PD ☐ Fiscal Services ☐ DCS	SS	Attorneys@delaware.gov	
☐ Other			

Form 405 (Rev 05/23)

## The Family Court of the State of Delaware

In and For New Castle County Kent County 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 § 3931 of the Servicemembers Civil Relief Act (50 U.S.C.A. § 3931). Affiant SWORN TO AND SUBSCRIBED before me this date,

Clerk of Court/Notary Public

## The Family Court of the State of Delaware

	nd For $\square$ New Ca						⟨ Cou <del>nt∨</del>
		19931	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Ming)			Check the county in RIG which you are filing
Petitioner		1	spondent	•/			
Name		Nan	ne				File Number
D.O.B.		D.O.	.B.				
Street Address (including Ap	ot)	Stre	et Address (includi	ng Apt)			Petition Number \
P.O. Box Number		P.O.	. Box Number				
City	State Zip Co	de City			State	Zip Co	Write in the file an petition number if
Home Phone Number	Work Phone Numbe	r Hom	ne Phone Number		Work Pho	ne Numb	1
Email Address		Ema	ail Address				nter all information on all ners and Respondents if known
Relation to Child(ren)		Rela	ation to Child(ren)				
Interpreter needed? ☐ Yes	□ No		rpreter needed?	] Yes 🔲	No		
2nd Petitioner (if app	licable)	,	d Respondent	(if applie	cable)		
Name	<u> </u>	Nam	ne				
D.O.B.		D.O	.B.				
Street Address (including Ap	t)	Stre	et Address (includi	ng Apt)			
P.O. Box Number		P.O	. Box Number				
City	State Zip Code	City			State	Zip Co	de
Home Phone Number	Work Phone Number	Hom	ne Phone Number		Work Pho	ne Numb	er
Email Address		Ema	ail Address				
Relation to Child(ren)		Rela	ation to Child(ren)				
Interpreter needed?  Yes Language	□ No		rpreter needed?	Yes 🗌	No		
Child Attorney (if app	olicable)						
Name							
Law Firm							List the child's attorney if there
Office Address							is one
City		State	Zip Code				
Phone Number	Email Address		1				1 of 7

Read each question carefully and enter as much information as possible. If you are unclear on any question, seek the guidance of an attorney

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

Child's Name	Child's Date of Birth	Child's Plac (City, State)	
4. Computate higher managing the abilid/ne			I vialeta.
Complete below regarding the child(rei     NAME Addres	, .	Date of Birth	II rights: Social Security Number
PARENT 1			
<ol><li>If you do not know the name/address provided below what you have done to</li></ol>		· , ·	s, write in the space
I have tried to determine whether thereafter.  I have tried to determine whether the certificate.		•	·
➤ If necessary, I have attached to this	Petition the following affida	vits:	
☐ Affidavit that a Party's Ad	dress is Unknown (Form	241)	
Petitioner's Supplementa Parental Rights Proceed father's name or is unwilling	ing (Form 239) (i.e., affi	davit that Mot	
<ol> <li>Name(s) of the person(s) or organiza the child(ren):</li> </ol>	tion having the guardian	• •	ntrol or custody of
Address of person(s) or organization:			
DSCYF – Department of Services for Children, Youth and their Families			
<ol> <li>Name(s) of the person(s), DSCYF, or transferred if this Petition is granted:</li> </ol>	licensed agency to whom	parental righ	ts are sought to be
Address of person(s), DSCYF, or licensed agency if address is different from address of Petitioner(s):			
☐ Affidavit of Consent Accepting To	ransfer of Parental Rights	s (Form 200) is	s attached.

\*Necessary unless petition is filed under Section 1103(b) of Title 13.

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

be terminated		the case where <u>both parents' parental rights aren</u> en) named in this Petition, the possibility of peen explored.	
Results of the	se efforts:		
Statement cor	ncerning other placement	efforts that have been taken, if any:	
The following		ONE PARENT WITH NO ADOPTION CONTI d statement describing the serious physical are not terminated:	
☐ Termination of	f Parental Rights is in the	best interests of the child(ren).	
parental right		<b>BOTH CONSENT</b> to the termination and tra Petition is the <i>Consent to Termination and</i> espondent.	
his or her pare		<b>ND</b> he or she consents to the termination and to this Petition is the <i>Consent to Termination</i> Respondent.	
and transfer	of his or her parental	T only <b>ONE (1)</b> Respondent consents to the rights, <b>ATTACHED</b> to this Petition is the rights (Form 140) for the consenting Respond	Consent to
	ndicated <u>at least one</u> G	s for Termination of Parental Rights for each round for Termination of Parental Rights fo	
	time as this Petition for Te	ED AGENCY IS A PARTY: an adoption petermination of Parental Rights. *Required unle	ss petition is
Petitioner	Date	2 <sup>nd</sup> Petitioner (if any)	Date
Print Name		Print Name	
Sworn to and subscribed be	efore me:	Sworn to and subscribed before me:	
Clerk of Court/Notary P	ublic Date	Clerk of Court/Notary Public	Date
Print Name		Print Name	

#### **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
Only sign in the presence of a Notary or Clerk of the Court	
Notary of Clerk of the Court	Print Name
	2 <sup>nd</sup> Petitioner
	- Di (N
	Print Name
SWORN TO AND SUBSCRIBED BEFORE ME on	this date,
	Clerk of Court/Notary
	Print Name

#### **GROUNDS FOR TERMINATION OF PARENTAL RIGHTS**

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

CHILD'S NAME:
Indicate the grounds for Termination of Parental Rights (Place an "X" next to the grounds that apply). At least one of the boxes numbered 1 through 9 must be checked.
CONSENT:
<ol> <li>A parent of the child, or a person or organization holding parental rights over the child, agrees (consents) that this Petition should be granted.</li> <li>A Consent to Termination and Transfer of Parental Rights (Form 140) is attached to the Petition.</li> </ol>
INTENTIONAL ABANDONMENT:
2. Respondent(s) have intentionally abandoned the child as evidenced by the fact that (If you check box 2, you must place an "X" next to at least one of the following that apply):
<ul> <li>a.  The child is <u>younger than 6 months old at the time of filing</u> this Petition and Respondent(s) FAILED to:</li> <li>Pay reasonable prenatal, natal, and postnatal expenses for the child; AND</li> <li>Visit regularly with the child or file a petition for visitation with the child; AND</li> <li>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 <u>other</u> parent).</li> </ul>
<ul> <li>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) of the 12 months preceding the filing of this Petition, Respondent(s) FAILED to:</li> <li>Communicate or visit regularly with the child; AND</li> <li>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).</li> </ul>
c. The child is <u>younger than 6 years old</u> at the time of filing this Petition <b>AND</b> Respondent(s) have placed the child in circumstances leaving the child in <u>substantial risk of injury or death</u> and, therefore, has manifested (shown) the unwillingness to exercise parental rights and responsibilities.
UNINTENTIONAL ABANDONMENT:
3. Respondent(s) have <u>unintentionally abandoned</u> the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent(s) FAILED to:

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 <u>other</u> parent).

> File or pursue a pending Petition to establish paternity or to establish a right to have contact

Communicate or visit regularly with the child; AND

or visitation with the child; AND

apply):

#### Read carefully and answer and check all boxes that apply

AND at least one of the below applies (Place an "X" next to at least one of the following that

	The child is not in the other parents' legal and physical custody and Respondent(s able or willing promptly to assume legal and physical custody of the child, and t reasonable support for the child.	
	The child is in the legal and physical custody of the other parent and a stepparent stepparent is the prospective adoptive parent, and Respondent(s) are not able promptly to establish and maintain contact with the child and to pay reasonable so the child in accordance with the Respondent(s)' financial means.	or willing
	Placing the child in Respondent(s)' legal and physical custody would pose substantial harm to the child's physical or psychological well-being. Respondent(s) to maintain a relationship of "parent and child" with the child because of at least of the following reasons:	) are unfit
	i. The circumstances of the child's conception; <b>OR</b>	
	ii. Respondent(s)' behavior during pregnancy; OR	
	iii. Respondent(s)' behavior after the child was born; OR	
	iv. Respondent(s)' behavior with respect to another child.	
	Failure to grant the Petition for Termination of Parental Rights would be detrimen child.	tal to the
	DETRIMENTAL TO THE CHILD	
	n determining whether failure to grant the termination of parental right would be detrimental to the child, the Consider all relevant factors, including the following:	ourt will
	A. The respondent's efforts to obtain or maintain legal and physical custody of the child.	
	B. The role of another person in thwarting the respondent's efforts to assert parental rights.	
	C. The respondent's ability to care for the child.	
	D. The child's age.	dent and
	E. The quality of a previous relationship between the respondent and child, and between the respondent another child.	ient and
	<ul><li>F. The duration and suitability of the child's current custodial environment.</li><li>G. The effect on the child of a change of physical custody.</li></ul>	
<b>COI</b> 4. [	TICTION OR ADJUDICATION:  Respondent(s) have been convicted or adjudicated of the following (or a substantially similar	
	in another jurisdiction) (If you check box 4, you must place an "X" next to at least of following that apply):	
	A felony level offense against the person under Subchapter II of Chapter 5 of Title 11, the victim was a child; <b>OR</b>	, in which
	Aided, abetted, attempted, conspired, or solicited to commit a felony level offense ag person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; <b>OR</b>	jainst the
	☐ Dealing in Children or attempting to deal in children under § 1100A of Title 11; <b>OR</b>	
	☐ Felony level endangering the welfare of a child under § 1102 of Title 11; <b>OR</b>	
	Murder or manslaughter of the other parent of the child who is the subject of the petition	· OR

Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the

other parent of the child who is the subject of this petition.

#### **FAILURE TO PLAN:**

5.	<b>DSCYF OR LICENSED AGENCY:</b> the child is in DSCYF custody or placed by a licensed agency and the Respondent(s) are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development; <b>AND</b> at least <b>ONE</b> (1) of the following conditions are met <b>(CHECK ALL THAT APPLY)</b> :
	☐ The child has been in DSCYF custody or placed by a licensed agency for at least 1 year.
	The child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant.
	☐ DSCYF previously had custody of the child or another child of the Respondent(s).
	The Respondent(s) have a history of dependency, neglect, abuse, or lack of care of the child or another child.
	The Respondent(s) are incapable of discharging parental responsibilities due to extended or repeated incarceration (the Court may consider the Respondent(s)' postconviction conduct).
6.	<b>PRIVATE:</b> at the time of the Termination of Parental Rights Hearing, the child will be a dependent child or neglected child in the Respondent(s)' care and <b>ALL</b> of the following are true:
	☐ The Petitioner is the child's parent, guardian, permanent guardian, or relative.
	☐ The child has resided in the Petitioner's home for at least 1 year.
	The Respondent(s) failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition.
	The Respondent(s) are unlikely to be able to remedy the dependency or neglect in the near future. *NOTE*: in making this determination, the Court shall consider the Respondent(s)' efforts to remedy the dependency or neglect.
	nust also include a detailed statement of why the child would be a dependent child or ted child in the Respondent(s)' care:
7.	PRIOR INVOLUNTARY TERMINATION: Respondent(s)' parental rights over another child have been involuntarily terminated in a prior proceeding.
8.	<b>ABUSE:</b> The Respondent(s) have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.
9.	<b>UNEXPLAINED SERIOUS INJURY OR DEATH:</b> A child has suffered unexplained serious physical injury, near death, or death under circumstances indicating that the injuries, near death, or death resulted from the Respondent(s)' intentional or reckless conduct or willful neglect.

Form 346 – Instructions Rev. (12/2017)

### The Family Court of the State of Delaware

Number
)4-1211
te)
e

Address where child(ren) currently reside(s)  ** 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.					n) lived here to present	
Address	City		l l	State	Zip	
101 Oak Street, Apt 123	Dover			DE	19901	
People living in the household with the child(ren):	·	Date of Birth	Rela	ationship to child	l(ren):	
Anne C. Smith		12/26/1985	Mot	Mother		
Mary A. White		4/28/1959	Gra	ndmother		

	-
п	10/
п	
ι	

4. During the **past five years**, where has/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.

	Address where child(ren) previously resided		City		State	Zip Code
ADDRESS	10 Clayton Street		New Castle		DE	19720
DRI	Date(s) child(ren) lived there	Name of person(s) chi	s) child(ren) lived with Relationshi		ip to child(ren)	
	2/14/2014 to 1/27/2016	Anne C. Smith & Mary A. White		Mother and Grandmother		
PRIOR	Person's current address		City		State	Zip Code
	101 Oak Street, Apt 123		Dover		DE	19901
	Address where child(ren) previously resided		City		State	Zip Code
SS	490 Pine Street	Wilmington		DE	19899	
S.	Date(s) child(ren) lived there	Name of person(s) chi	ild(ren) lived with	Relationship to child(ren)		
R ADDRESS	10/1/2010 to 2/14/2014	John V. Smith and Anne C. Smith		Father Mother		
PRIOR	Person's current address		City		State	Zip Code
4	Unknown (John Smith) 101 Oak Street, Apt 123		Dover		DE	19901

Form 346 – Instructions Rev. (12/2017) 52

SS	Address where child(ren) previously resided		City	City Stat		State	Zip Code		
PRIOR ADDRESS	Date(s) child(ren) lived there	Name of person(s)	child(ren) lived v	vith	Relationship	p to child(ren)			
OR /	to		- Lav		1	<u> </u>	1 = 0 .		
PRIC	Person's current address		City			State	Zip Code		
SS	Address where child(ren) previously re	City			State	Zip Code			
ADDRESS	Date(s) child(ren) lived there	Name of person(s)	child(ren) lived v	vith	Relationshi	p to child(ren)			
PRIOR	to Person's current address		City			State	Zip Code		
<u> </u>									
5.	5. Check <b>ONE</b> and complete as directed.								
	No one other than the par		,			•	` ,		
	☐ A person(s) other than the you check this box, comp						n the child(ren). If		
-	Name of person(s) with physical custo	dy, legal custody or v	visitation		Relationshi	ip to child(ren)			
PERSON	Donor de la companie		0:6			State	7'- 0-4-		
PER	Person's current address	City	City			Zip Code			
2 2	Name of person(s) with physical custo	dy, legal custody or v	risitation		Relationshi	ip to child(ren)			
PERSON	Person's current address		City	City			Zip Code		
	Calast all that and a second								
6.	Select all that apply and comp  I have not been involved i		t action for cu	etody and/or v	visitation of	f this child(rer	1)		
	☐ I have been involved in an complete the information	other court action	n for custody	and/or visitation	on of this c	•	•		
	<u> </u>				•		Ctata		
	Type of Action (e.g. Custody, Visitation Visitation	,	Person (who filed ohn V. Smith	tne action)			State DE		
NO 1	Court		Offit V. Offitti	Case Number		Date Filed			
ACTION	Family Court			CK16-1122		10/2/201	6		
⋖	Result					Date of O	rder		
	Visitation granted	04 )   5				12/15/20			
	Type of Action (e.g. Custody, Visitation	, Other) P	Person (who filed	the action)			State		
ACTION 2	Court			Case Number		Date Filed	1		
AC	Result					Date of O	rder		
	Type of Action (e.g. Custody, Visitation	, Other)	Person (who filed	the action)			State		
ACTION 3	Court			Case Number		Date Filed	1		
AC	Result						rder		

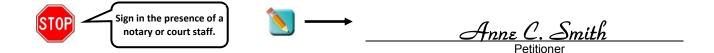


7.	Check	ONE	and	comp	lete	as	directe	d
----	-------	-----	-----	------	------	----	---------	---

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.

	Type of Action (e.g. PFA, TPR, Guardianship, Other)	ne of Action (e.g. PFA, TPR, Guardianship, Other)  Person (who filed the action)			State
N Z	PFA	Anne C. Smith			DE
ACTION	Court		Case Number	Date Filed	
AC	Family Court		CK04-12111	8/11/2017	
2	Type of Action(e.g. PFA, TPR, Guardianship, Other)	Person (who filed	the action)		State
ACTION	Court		Case Number	Date Filed	
AC					



Sworn to and subscribed before me this <u>18<sup>th</sup></u> day of <u>September</u>, <u>2017</u>.

Signed by notary or court staff.

Signed by notary or court staff.

The date you file the form

# The Family Court of the State of Delawa INFORMATION SHEET - PLEASE PRINT

Date: 12/13/17 File No.: <u>CN-99999</u>

Enter the file number if you know it, if not, leave blank

Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)  PLEASE PRINT CLEARLY								
A. Name: Anne C. Smith  B. Address: 101 Oak Street, Apt. 123 separate form. Complete all information on the form.  City/State/Zip: Dover, DE 19901								
C. Phone – Home: 30	C. Phone – Home: 302-555-1111 Work: 302-555-9999 Cell: 302-999-8888							
D. Email Address: Ar	ne.C.Smith@exan	nple.con	n					
If you check this box, you are authorizing the Court to send you notices by email. You will not receive notices in regular mail.  *Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit <a href="https://judicial.state.de.us/courtdox/Download.aspx?id=94888&amp;court=readonly">https://judicial.state.de.us/courtdox/Download.aspx?id=94888&amp;court=readonly</a> .								
E. Employer & Address:	ABC Child Ca	re Cent	er					
	500 Pine Stre	et						
	Dover, DE 19	904						
Hours/Shift	Monday - Friday 7:	00am -	5:00pm					
F. Social Security No.:	000-00-000		G. D.	ate of Birth: 2	/3/1986			
H. Place of Birth (City &	State): Wilmingt	on, DE						
I. Sex: <u>F</u> Race: _ Marks/Scars/Tatto	BR Height: os: N/A	5ft 9	_ Weight: _	130 Hair: _	Brown Ey	ves: Blue		
J. Type of motor vehicle	operated by you:	Hone	da Accord					
K. Driver's License No.:	1234567		State of Is	sue: DE I	Expiration Date:	2/3/2020		
L. Your relationship to th	ne Defendant/Resp	ondent:	Sister					
M. Attorney: N/A								
Please fill o	ut the information	n below	in reference	to the child(re	n) who are invo	olved.		
Children								
Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace		
						City & State		
Douglas Harding	Nephew	М	White	10/14/2012	987-65-4321	Newark, DE		

Please fill in N to AC pertaining to the Defendant/Respondent. (For a	additional respondents use additional sheets)
N. Defendant/Respondent is a: (Check One) ⊠ ADULT □	JUVENILE
` ' _	ou must complete a separate form for
P. Address: 6 Walnut Street - APT D	each Defendant/Respondent.
City/State/Zip: Newark, DE 19711	
Q. Phone – Home: N/A Work: NA	Cell: <u>302-222-3333</u>
R. Email Address: MichelleJones@example.com	
S. Employer & Address: N/A	
Hours/Shift N/A	
T. Social Security No.: Unknown U. Date of	of Birth: <u>5/1/1989</u>
V. Place of Birth (City & State): Wilm., DE	EDIC ENGRES
W. Relationship to Child: Not Applicable Mother Father	er Relative Non-Relative
☐ Other (Please Describe):  X. Sex: F Race: BR Height: 5 ft Weight:	130 Hair: Brown Eyes: Brown
X. Sex: F Race: BR Height: 5 ft Weight: Marks/Scars/Tattoos: Hello Kitty Tattoo upper right arm	130 Hair: <u>Brown</u> Eyes: <u>Brown</u>
Y. Driver's License  Z. Type of vehicle oper	rated by
State & No.: Unknown Defendant/Responden	
AA. Parent's Name (if a juvenile): N/A	
AB. Time when Respondent is usually home: Unknown	
	<u> </u>
AC. Additional information about Respondent that may aid the proc	ess server in locating him/her to serve petition:
If you are unable to locate the respondent at her residence, she spends a lo Middletown, DE 19765	ot of time with her boyfriend at 775 Spruce Street in
List	places where the Respondent
spends	s time other than at home. The
mo	ore information the better.
DIRECTIONS TO RESPONDENT	"S RESIDENCE
Home: West on Talbot, right on Walnut, brown apartment building	
Destricted 200 Co to 2004 term left to Company White house on left	
Boyfriend: 896 So to 301, turn left, to Spruce. White house on left.	
	Write directions to each address listed on
	this form to make sure that the process
	server can locate the Respondent.

Form 115									
	nily Court o								
In ar	nd For  New Cas	tle ⊠ K	ient ∐ Si	ussex Cou	nty	county	ck the in which e filing.		
Anne C. Smith/Scott R. Sn Petitioner	nith ,	) ) )	File	No.:	CK07-055	0			
V. Michelle Jones/Steven Ha	rding	)	Pet	ition No.:	07-0223				
Respondent	Michelle Jones/Steven Harding , ) Respondent )								
PRAECIPE IN	A TERMINATIO	ON OF	PARENT	TAL RIGH	HTS ACTI	ON			
TO: Clerk of Court,									
Please issue a summ the following addresses in De	•	e petition	upon the r	espondent(	s) by person	al servi	ce at		
RESPONDENT NAM	HOME ADDRESS			WORK AD	DRESS				
Michelle Jones	123 State Street			XYZ Corpo	oration				
			_	67 Walnut	Avenue				
	Dover	DE	19901	Dover	[	DE	19901		
Hours Likely to be served:	5pm to 10pm			9am to 4p	m				
RESPONDENT NAM	HOME ADDRESS			WORK AD	DRESS				
Steven Harding	123 Main Street			ACME Co	rporation				
				88 North A	Avenue				
	Dover	DE	19901	Dover	[	DE	19901		

Hours Likely to be served: 5pm to 10pm 9am to 4pm 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 addition, please publish mail and U.S. registered or certified mail to the h Information regarding local notice of this action in the following newspapers n nt(s) notice of this action publications is available in the consistent with the requirements of 13 Del. C. § 130 self-help/resource centers. **Local Publication** <del>готе Р</del>ublication (if necessary) Respondent Name Michell ones/Steven Harding **Delaware State News** Newspaper Address: 110 Galaxy Drive Dover, DE 19901 Attention: December 17, 2007 Anne C. Smith Attorney for Petitioner Date

	In and For ☐ New	Castle County 🛭 Kent (	County 🔲 S	Sussex Co	ounty
		OF THE LAND		neck the countrich you are f	
	Petitioner		File No.:		
٧.		)	5 N		
		)	Petition No	0.:	
	Respondent				Write the file and petition numbers if known
C	RDER OF REFERENC	CE FOR TERMINAT	ON OF P	ARENTA	AL RIGHTS
HAVING	G CONSIDERED the request	of the Movant,	Court to		rson asking the request. They he Petitioner ; and
WHERI Court; a	EAS, the foregoing Petition fo	r Termination of Parental	Rights havin	g been pre	
WHERI	EAS, appearing that the Petiti	on has been properly filed	:		Leave this, and the Judge's signature space blank.
IT IS H	EREBY ORDERED, this	day of			:
1	(Agency)		hall perform	n a Social S	Study and submit a
	report to the Court as required Order.		within six (6)	) months o	of the date of this
2.	As required by Section 1107(	b), the report must conside	er the best ir	nterest facto	ors under
	Section 722 of Title 13 and in	clude all statutorily referer	iced elemen	ts.	
			Judge S	Signature	
				D : .	
			Juage	e Print	
Date ma	iled/emailed:	Leave this date blank. Judicial will enter the date this Order was to the Petitioner.			

	New Castle County C Ke		
in and i or E	3 New Educe County	one county cus	oox county
		5/	
Jane Doe	Check the county in which you are filing		
Petitioner		File No.:	CN22-12345
v. John Doe		Petition No.:	22-09876
	Enter the Petitioner and		
Respondent	Respondent's names		Enter the File and Petition Numbers
	ý	Court Staff will complete the middle portion of this order	here if you know them
ORDER FOR HE	EARING FOR TERMINA	OF PARE	NTAL RIGHTS
AND NOW, TO WIT, th	ne foregoing Petition of		having been
read and considered,			
			-1
	ne above matter be set down for		
	time the Petitioner shall appear		espondent's parental rights
·	_ should be terminated and sa		
	in opposition to the petition ar	ia in opposition to the	e evidence offered in
support thereof.			
IT IS FURTHER ORDE	RED that the Clerk of Court sl	hall cause notice of th	ne time, place and purpose
of the hearing to be served up	oon	at t	heir last known address.
If such personal service cannot	ot be accomplished, then such	n notice shall be publi	shed:
On the Court's leg	al notices website for at least	three consecutive we	eks.
OR			
☐ In		once each week fo	or three consecutive weeks.
If publication is necessary, no	otice shall also be sent to the Fifther of the Petition attached thereto.	Respondent by regula	r and certified mail to the
		The Hearin Officer will of and sign this of	date
So Ordered this Date:			
		Judge	

The Family Court of the	State of Dela	ware
In and For ☐ New Castle ☒ Ke		Check the
Fill out only the top port form.	ion of this	county in which you are filing.
Anne C. Smith/Scott R. Smith , ) Petitioner )	File No.	7 0550
V. )	File No.: CNO	07-0550
v. , , , , , , , , , , , , , , , , , , ,	Petition No.: 07-0	1223
Michelle Jones/ Steven Harding ,	- Outdon 110 <u>- 01 1</u>	-
Respondent )		
) )		This portion of the form will be completed by
FINAL ORDER FOR TERMINATION	N OF PARENTAL P	Court staff.
AND NOW, TO WIT, this day of ,	,the Petition of	for the Termination of
Parental Rights of having been presented to and du	ly considered by this Cou	rt and the Court being
satisfied from the evidence presented at the hearing on s	aid Petition that the grour	nds for Termination of
Parental Rights as defined by 13 Del.C.§ 1103 have been e	•	
T are that rights as defined by 15 Del.C. § 1105 have been e	Stabilished	
IT IS ORDERED that all parental rights of the said	with respect to	he and they are
	with respect to _	, be and they are
hereby terminated and transferred to the Petitioner,		
-	ludge	
	Judge	

# The Family Court of the State of Delaware In and For $\square$ New Castle County $\square$ Kent County $\square$ Sussex County

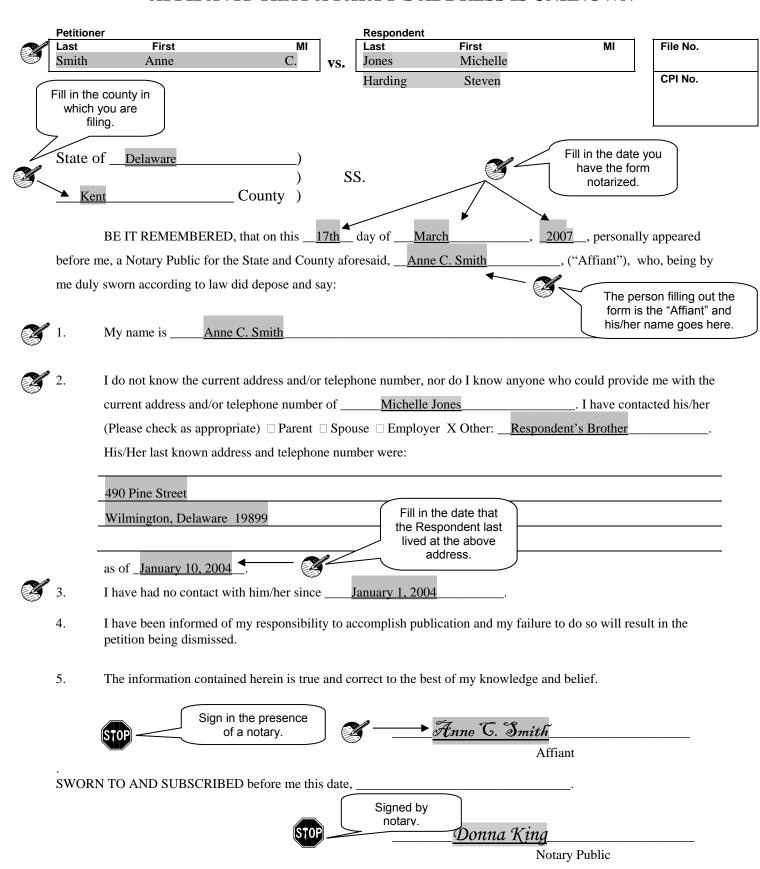
### AFFIDAVIT OF CONSENT ACCEPTING TRANSFER OF PARENTAL RIGHTS IN ACCORDANCE WITH 13 Del. C. § 1105(d).

Petitioner, ) v. )	File No.: Petition No.:
Respondent,	
In the matter of:	
DOB	
hereby agreethe involved minor child(ren), pursuant to 13 <i>L</i>	es to accept the transfer of parental rights over Del. C. § 1105(d).
Date	Consenting Party Name
	Consenting Party Signature
Sworn to and subscribed before me this	day of,
	Clerk of Court/Notary Public

in and for New Castle X Kent Sussex County

Check the county in which you are filing.

#### AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN



Form 140 Rev 10/21 Sample

This form should be completed and signed in the presence of a person authorized to take consents to terminate parental rights. See the bottom of page 3

# The Family Court of the State of Delaware In and For New Castle Kent Sussex County Check the

Petitioner		v. Respondent	
Name		Name	File Number
Street Address (including A	pt)	Street Address (including Apt)	
P.O. Box Number		P.O. Box Number	Petition Number
City State Zip Code D.O.B.		City State Zip Code	$\bigwedge$
		D.O.B.	
Email Address		Email A Enter all information on Petitioner and Respondent if known	Write in the file and petition number if
Attorney Name		Attorney radino	known
	urpose of adoption to:	nildren. Youth, and Their F information as possi	amed in paragraph 1 carefully and enter as much ble. If you are unclear on an e guidance of an attorney
		question, seek th	e guidance of an attorney
namely:	opted Parents:	question, seek th	e guidance of an attorney
namely: Chosen Add 3. I understand the	opted Parents:	cision and fully realize the effects of the term	<u> </u>
namely: Chosen Add  I understand the rights in this chi  I understand the	e importance of my de ild (these children).		ination of my parental
namely: Chosen Add  I understand the rights in this children) will be	e importance of my de ild (these children).  at by terminating my pe extinguished, except at after this consent is	cision and fully realize the effects of the term	ination of my parental
namely: Chosen Add  I understand the rights in this children) will be to children any reason (a) within for whom the	e importance of my de ild (these children).  at by terminating my pe extinguished, except at after this consent is except:  arteen (14) days of ex	cision and fully realize the effects of the term parental rights, all of my rights and obligation for any arrearages of child support.  signed by me, this consent is final and may be ecuting this consent, I deliver written notificate transferred that I revoke my consent; OR	ination of my parental ns to this child (these not be revoked by me

- 6. 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.

- 7. 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 or have had read to me the Consent Party Statement 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.	parental rights and to attend a hearing on my	importa	ed with a copy of the petition for termination of my ant decision to terminate my parental rights in my nduct a hearing on this matter, which I have a right
11.	I would like to receive a copy of the final order	of the C	court.  Yes No
12.	☐ The attorney who represents me regarding	this cor	nsent is:
	Any questions that I have about this consen		
			not afford an attorney, an attorney may be appointed arily waive any right I might have to an attorney.
13.	I understand that I will receive a copy of my sig	ned co	nsent.
14.	received any money or anything else of value in	n excha	n free will. I have not been promised nor have I ange for this consent.
	at(AN Date and Time Signed	M/PM)	Signature of Consenting Parent
	Only sign this consent in the presence of a person		
	authorized to take consents to TPR		Printed Name of Consenting Parent
Loc	ation of Signing		Mailing Address of Consenting Parent
			Street Address
			P.O. Box Number
			City State Zip Code
			Date of Birth of Consenting Parent

## TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

Ι, _		, th	e 🗌 mother 🔲 father	presumed father of				
		W	ho was born on	, do state that I:				
	(Child's Name	•		. 116.				
1.	in the child's best into	nt of my child for adoption by	/	, would be				
2.		on to terminate my parental r	ights is an important on	<b>e</b>				
3.				nated, I will no longer be the legal parent				
	of my child.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	3. J.				
4.		d that when I terminate my p						
5.	, , , , , , , , , , , , , , , , , , ,							
	child becomes the ch	nild of nild's name may be changed	and					
	and as a result the ch	nild's name may be changed						
6.	Know and understand	d that when I terminate my p	arental rights in my chil	d, my child loses the right to inherit from				
	disposition of my esta		inis shall not in any wa	ay limit my right to provide for the				
7.			enresented by an attorn	ney in this matter, and may be entitled to				
٠.		int an attorney to represent n		cy in this matter, and may be entitled to				
		2, 12 2						
		s consent in the presence of a pe	erson					
-	author	rized to take consents to TPR		Consenting Party				
			TION STATEMENT					
•	undersigned, hereby of							
1.				der 13 <i>Del. C</i> . § 1106(c) because I am				
		issioner of a court of record; ignated by a judge to take co						
	<ul> <li>An employee designated by an agency to take consents;</li> <li>A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights</li> </ul>							
	will be transferred;							
		officer on active duty in the I		nited States, if the individual				
	executing the cor	nsent is in the military service	e; or					
		Foreign Service or a consula ing the consent is in that cou		tates in another country, if the				
2.		contents and consequences		onsenting party:				
3.	-			Is that he or she has the right to be				
0.	represented by an at		onting party understand	o that no or one has the right to be				
4.			enting party □read/ □	was read the consent and understood				
	it;	_						
5.		owledge and belief, the cons		o the consent voluntarily;				
6.		owledge and belief, the indiv	idual is: (check one)					
	☐ Not a minor; <b>or</b>	and was advised by a lawy	ar who is not representin	ng an adoptive parent or the agency to				
		ghts are being transferred;	i who is not representil	ig an adoptive parent of the agency to				
7.		ting the consent signed or co	onfirmed the consent in	my presence.				
		3		, ,				
	Date	Authorized Pers (printed name		Authorized Person (signature)				
		(printed rialite)	,	(dignature)				
		Agency:						

Form 420 (Rev. 01/12)  The Family Court of In and For New Castle			Check the county in which you are filing.
	DELSA		
Anne C. Smith	File No.:	CK04-0221	
Petitioner,			
	Petition No.:	07-1553	
Michelle Jones Respondent,			
You must file a separate			
form for each respondent  WAIVER OF RIC	SHTS UNDER	RTHE	
"SERVICEMEMBER			
STATE OF DELAWARE  Fill in the county in which you are filing  Kent  COUNTY	ss )	Fill in the dayou have the form notarize	
BE IT REMEMBERED, that on this date,	December 15, 2		nally appeared
before me, a Notary Public for the State of Delaw, ("Affian		nty declared above duly sworn by me a	
Michelle Jones law, did depose and say:			
That Affiant is the Respondent in the abo	ve captioned ca	/	The "Affiant" is the
2. That Affiant is active duty in the United St	ates military; an	nd r	espondent. ONLY the Respondent may
<ol> <li>The Affiant waives his/her rights under th so acknowledges that he/she, or his/her a appear at all legal proceedings associate</li> </ol>	attorney, will be	pers Civil Relief required to time in a captioned c	complete this form. If you are the Petitioner in this proceeding, you may not fill out this
Sign in the presence		f	form
a notary or Court sta		Michelle Jones	

SWORN TO AND SUBSCRIBED before me this date,

December 15, 2005

Respondent ("Affiant")

Signed by notary or Court Staff

Notary Public or Clerk of Court

Form 239 Sample Dev 10/21

## The Family Court of the State of Delaware

Petitioner	Respondent (Mother)	File Number
	Respondent (Father)	Petition Number
	UNKNOWN FATHER	
State of Delaware  County	) ) Petitioner's Name	Write in the file and petition
1. My name is —		
2. I am the Petitioner in the above a	action and have filed a termination of paren	ital rights petition involving
	, the child who is the sul	oject of the petition.
(Child's Name)		,
<ol><li>I affirm the following (please che</li></ol>	eck one):	
Mother does not know the fa	ather's name.	
Mother is unwilling to disclos	se the father's name to me.	
_	se the father's name to me. d correct to the best of my knowledge and	belief.
_	of a	
4. The information above is true and Sign only in the presence of	of a Affiant Sig	
4. The information above is true and Sign only in the presence of Notary or Clerk of the Cou	of a Affiant Sig	gnature
Sign only in the presence of Notary or Clerk of the Cou	of a Affiant Signer	gnature

Print Name

	In and For			Kent County	Sussex Co	ounty
Petit	ioner	МОП	Responde	ONTINUANCE	Check to you are	the County in which filing.
Name	101101		Name			File Number
Anne	e C Smith		Michelle Jo			
	Address (include Apt)		Street Address (i			CK04-1211
	Oak Street	<del>-</del>	123 State			
P.O. Bo	ox Number	Write the	P.O. Box Numbe	r		Petition 1\umbar
City/Sta	ate/Zip Code	name and	City/State/Zip Co	de		04-200 Write
Dove	er, DE 19901	date of the	Dover, DE	19901		the file
Date of		petition	Date of Birth			and
2/3/6 Attorne		filed	7/1/63 Attorney Name			petition
Allome	y ivaille		Attorney Name			number if
		$\overline{}$				l ll known
ΑP	ROCEEDING involving	Termination	n of Parental F	≀ights	having b	een filed in this
on	October 1, 2004			Court for a Continu	ance and, in	support thereof,
alle	ges the following facts:		•			
1.	I cannot attend the Co	urt Proceeding	a scheduled o	n April 1, 2005	at 1:00p	m due to:
	The respondent is have		•			
	Documentation mus					the date and time of the
2.	I have contacted the o	pposina couns	sel or the oppo	osing party "unrepre	ese sched	duled Court Proceeding
	continuance request a			J. ,		3
	The petitioner agrees t				$\rightarrow$	
				-		nust indicate why you are
3.	This case has been so	hodulod for a	hoaring	times pre	1 -	ng a continuance. Be sure to tach documentation.
٥.	THIS Case Has been so	ineduled for a	neaning	times pre	VIO[	tuen documentation.
If yo	u have a conflict with	another case	in this or an	y other Court, you	need to atta	ch a copy of that
noti	ce. Pursuant to Civil Rul			the following inform	nation:	
i. 	the reasons why the conf					
ii. iii.	the relative importance of the relative inconvenience			ner nerson if a continuar	ice is granted.	
iv.	the dates on which each					lling conflict was aware
	that a conflict was being of				<b>.</b>	1 114 1
V.	other information which w precedence.	ill be neiptul to tr	- I			ers snould take
	procedence.		Only si	gn in the presence of a N Clerk of the Court	Notary or	
SW	ORN TO AND SUBSCE	RIBED before	me thle date,	Clerk of the Court		
	March 1	3, 2005			Michelle	e Tanes
	Water	5, 2005			Movant/	
	Donne	a King			ivio variu,	Milomoy
	Clerk of Court		3	_		
	0.0 0. 000					
I. the	Movant, affirm that a tr	ue and correc	t copy of this	Motion was placed in	n the U.S. Ma	ail on this date
	•			·		
ivia	rch 3, 2005 , an	a sent to the d	otner party or	attorney at the addre	ess listed on	the petition, being
101	Oak Street Dover, DE	19901		Only sign in the presen	nce of a Notary	or ge pre-paid.
SW	ORN TO AND SUBSCE	RIBED hefore	me this date	Clerk of the		
300			me ims uaie,[			, ,
	March :	3, 2005			Michelle	
					Movant/	Attorney
		a King		_		
	Clerk of Court	Notary Public	•			

Form 405

**Petitioner** 

Name

## The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

Respondent

Name

Check the county in which you are filing.

File Number

Anne C. Smith	Michelle Jones		CK04-1211
Street Address 101 Oak Street	Street Address 123 State Street		
P.O. Box Number	P.O. Box Number		Petition Number
Apt #123			
City/State/Zip Code	City/State/Zip Code		07-1553
Dover, DE 19901	Dover, DE 1991		
Date of Birth	Date of Birth		
2/3/1964	11/12/1967		
Attorney Name	Attorney Name		
none	none		
Fill in the county where you are filing.	OF NON-MILITAR	Y SERVICE	
STATE OF DELAWARE	)		
Kent COUNTY	)	SS. Fill in the date you have the form notarized.	ou
	, ·	ounty declared above	•
did depose and say:			
1. That Affiant is the Petitioner in the	above captioned civil	action;	
2. That Respondent is not in the milita	ary service of the Unit	ed States of America	a; and
3. That Affiant has made this Affidavi	it pursuant to the prov	visions of & 3931 of t	he
Servicemembers Civil Relief Act (5)		S	rign in the presence of a notary or court staff on the day of your nearing
		Anne C. Smith	
		Affiant	Signed by the notary or
SWORN TO AND SUBSCRIBED before me this	s date,	January 6, 2006	court staff

Donna King

Clerk of Court/Notary Public