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

In and For  New Castle County  Kent County  Sussex County

**Counsel’s Certification For Waiver of Fees**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Petitioner** | |  |  | **Respondent** | | |
| Name: |  |  |  | Name: |  |  |
| Street Address: |  |  |  | Street Address: |  |  |
| P.O. Box Number: |  |  |  | P.O. Box Number: |  |  |
| City/State/Zip Code: |  |  |  | City/State/Zip Code: |  |  |
| Email Address: |  |  |  | Email Address: |  |  |
| Phone Number: |  |  |  | Phone Number: |  |  |
| Attorney Name: |  |  |  | Attorney Name: |  |  |
|  |  |  |  |  |  |  |

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| I, |  | , certify that I am an attorney working for or with a | | |
| Qualified Legal Services Provider (QLSP), defined as a not-for-profit legal services | | | | |
| organization in Delaware whose primary purpose is to provide legal services to | | | | |
| low-income clients or victims of domestic violence. The QLSP is | | | |  |
|  | | | . | |

I am counsel for the petitioner and hereby certify that the petitioner has been screened by the QLSP and found to be eligible for legal services through the QLSP based either on their income or other grant-related requirements.

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|  |  |  |
| Signature |  | Printed Name and Bar Number |
|  |  |  |
| Date |  |  |
|  | Law Firm Address |
|  |  |
|  |  |
| Email |  |