IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery	Register in Chancery	Register in Chancery
Kent County	New Castle County	Sussex County
38 The Green, Ste. 208	500 N. King Street, 7th Floor	34 The Circle
Dover, DE 19901	Wilmington, DE 19801	Georgetown, DE 19947
302-735-1930	302-255-0544	302-856-5777

Procedures for filing a Petition to Remove a Guardian and Appoint a Successor Guardian of the Person and/or Property of a Person with a Disability

- The petition requires the following:
  - A completed petition. The court clerk cannot complete the petition for you.
  - The petition must be one-sided.
  - If additional space is needed for any question, please attach a separate sheet of paper and reference the question number.
  - The petitioner will need to have their signature notarized on the petition and several forms. If you appear in the Register's Office with identification and the correct paperwork, your signature can be notarized by a court clerk in the Register's Office.
  - If the current guardian is being removed due to their death, a copy of their death certificate is required.
  - The filing fee for the petition is $50.00 plus $2.00 per page. We accept cash, check or money order (made payable to the "Register in Chancery").

- The petitioner is responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties. Please see the instruction sheet within this packet for additional information.

- It is the petitioner's responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery's office makes photocopies for you, we will charge a $1.50 per page fee. When submitting your petition, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.

- The person wishing to be appointed as successor guardian will be required to appear at a court hearing and will receive notification from the Register's Office on the hearing date.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with a disability	:	

Petition to Remove Guardian(s) and Appoint Successor Guardian(s) of the Person and/or Property of a Person with a disability

1. Name of current guardian(s): _____
2. Date current guardian(s) was/were appointed: _____
3. Information about the person(s) who wish(es) to be appointed as successor guardian(s):
   a. Name(s): _____
   b. Current address(es): _____
   _____
   c. Telephone number(s): _____
   d. Relationship(s) to the person with a disability: _____
   e. Do you require an interpreter? ☐ No ☐ Yes. If yes, what language?

_____

4. Information about the person with a disability:
   a. Date of birth: _____
   b. Current address: _____
   _____

c. Permanent address: _____

_____

5. The names and contact information of the next of kin, including anyone who would be entitled to inherit through the estate of the person with a disability if that person died without a will, a named fiduciary, executor, or beneficiary. If an interested party is a minor, please provide the name and contact information for the minor's parent or other guardian as the parent or guardian will require notice.

Name of interested party	**Relationship to person with a disability**	**Address and phone number of interested party**	**Age**

6. The current guardian(s) should be removed for the following reason(s):

_____

_____

_____

_____

_____

_____

7. The proposed successor guardian(s) should be appointed for the following reason(s): _____

_____

_____

_____

_____

_____

_____

8. Are you aware of any reports made to, or investigations by, Adult Protective Services regarding you or the person with a disability? ☐ No ☐ Yes. If "Yes", please provide an explanation: _____

_____

_____

9. The person with a disability currently receives the following income each month (list the amount and source of income such as social security or pension):

_____

_____

_____

_____

_____

WHEREFORE, Petitioner(s) respectfully requests that this Court:

1) Remove _____ [Name of current guardian(s)] as guardian(s) of the person and/or property of the person with a disability.

2) Appoint _____, as successor guardian(s) of the person and/or property of the person with a disability.

Petitioner's signature: _____
Petitioner's full address: _____
Petitioner's phone number: _____

Co-petitioner's signature: _____
Co-petitioner's full address: _____
Co-petitioner's phone number: _____

STATE OF _____:
COUNTY OF _____:
This instrument was acknowledged before me on this _____ day of _____, 20_____ by _____ [Name of affiant].

_____
Notary Public/Chancery Court Clerk

Court of Chancery
Personal Information Sheet

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form and use separate contacts on page two of this form.

Information about the person with an alleged disability/minor

Name of person with an alleged disability/minor: _____

Social Security Number: _____ Date of Birth: _____

Information about the proposed guardian

I have applied to the Court of Chancery to be appointed as guardian of the person with an alleged disability/minor named above. I understand that I must complete this form in full or my guardianship petition may be denied. In order to provide the Court with sufficient information to determine my qualification to serve as guardian and to assist the Court in assuring that the Court's staff will always be able to locate and make contact with me, the following information and consent is given:

Proposed Guardian's current full name: _____

Proposed Guardian's physical address: _____

_____

Proposed Guardian's mailing address (if different): _____

_____

Home phone number: _____ Work phone number: _____

Cell phone number: _____ E-mail address: _____

Date of birth: _____ Social Security number: _____

Driver's License number and State: _____

Place of employment and address: _____

_____

Name of supervisor and telephone number: _____

_____

Name/Address/Telephone number of spouse (if not a co-petitioner/co-guardian):

_____

Information about the proposed guardian's contacts

List the information for two people who should always be able to locate or contact you. The contacts cannot live at the same address as each other or the petitioner(s). If there is more than one proposed guardian, separate contacts must be listed.

1. Name: _____

   Address: _____

   Phone number: _____ Relationship: _____

2. Name: _____

   Address: _____

   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 attorney(s) 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 person with an alleged disability 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 person with an alleged disability or minor over whom guardianship has been established.

Proposed Guardian's signature: _____

Date this form is completed: _____

STATE OF _____ :

COUNTY OF _____:

This instrument was acknowledged before me on this _____ day of

_____, 20_____ by _____ [Name of affiant].

_____

Notary Public/Chancery Court Clerk

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Affidavit of Proposed Guardian's History

Each proposed guardian must complete a separate form.

Name of person with an alleged disability/minor: _____

Name of proposed guardian: _____

1. Have you ever declared bankruptcy? ☐ Yes ☐No
   If yes, when? _____ what type? _____

2. Have you ever been convicted of a misdemeanor? ☐Yes ☐No
   If yes, describe which misdemeanor, when and in what jurisdiction you were convicted (*e.g.* State, County and Police Department). _____
   _____

3. Have you ever been convicted of a felony? ☐Yes ☐No
   If yes, describe which felony, when and in what jurisdiction you were convicted (*e.g.* State, County and Police Department). _____
   _____

4. I give the State of Delaware permission to conduct a criminal background check on me at any time during the consideration of my petition for guardianship and, if granted, at any time during the period I am guardian. I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

Proposed guardian's signature: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of

_____, 20_____ by _____ [Name of affiant].

_____
Notary Public/Chancery Court Clerk

Instructions for Notifying Interested Parties of Petition

It is the petitioner's responsibility to notify the interested parties when a petition to remove and for the appointment of successor guardian is filed with the Court. This includes notifying all the parties you listed on numbers five (5) of the guardianship petition.

Option 1 – Consent

Any interested party may sign and have notarized a copy of the attached "Consent" form.

Option 2 – Send Notice

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You must send this by registered or certified mail, return receipt requested, or by FedEx, UPS or any other courier service that provides real-time tracking of delivery.

Any interested party who has not signed a notarized consent must receive notice of your petition at least thirteen (13) days before the Court will consider your petition. This ensures that all interested parties have adequate time to contact the Court with any questions they may have or file any objection to the petition.

To be filed with the Court

You must file the following documents with the Court:

a. Any notarized consent forms;
b. The attached "Certificate of Mailing" (if any notices were sent); and
c. Proof of how the mailing was sent (such as the certified mail receipts from the post office) and any proof you have that the mail was delivered.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with the Register's Office.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with an alleged disability	:	

Consent of Interested Party to the Petition to Remove Guardian and Appoint a Successor Guardian

I, _____ [Name of interested party], whose relationship to the person with a disability is that of _____ (e.g. mother, brother), hereby consent to the appointment of _____ [Name of person to be appointed as successor guardian] as successor guardian(s) for the person with a disability's (check all that apply) ☐ person (to make his/her medical decisions) and/or ☐ property (to make his/her financial decisions) without further notice.

Interested party's signature: _____

Address: _____

Phone Number: _____

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20_____ by _____ [Name of affiant].

_____

Notary Public/Chancery Court Clerk

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In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with a disability	:	

Notice of Petition to Remove Guardian and Appoint a Successor Guardian

Dear Interested Parties:

This is a notice that I am/we are applying to be appointed successor guardian(s) of the person with a disability's ☐ person (to make his/her medical decisions) and/or ☐ property (to make his/her financial decisions). If you object to the petition, you must immediately contact the Register in Chancery's Office that has been marked above within thirteen (13) days of the date of this notice.

Petitioner's signature: _____

Co-Petitioner's signature: _____

Date: _____

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with a disability	:	

Certificate of Mailing to Petition to Remove Guardian and Appoint a Successor Guardian

The petitioner(s) mailed the "Notice of Petition to Remove Guardian and Appoint a Successor Guardian" on _____ [date] to the following interested parties:

Name of Interested Parties	**Address of Interested Parties**

Signature section for petitioner	Signature section for any co- petitioner
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Date: _____ Print name: _____ Signature: _____	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Date: _____ Print name: _____ Signature: _____

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:	:	
	:	
_____,	:	C.M. #: _____
A person with an alleged disability	:	

Affidavit of Efforts to Locate Address of Interested Party

1. Name of petitioner(s): _____
2. Name of interested party whose address cannot be located:

   _____

3. To the best of my/our knowledge, the last contact the interested party had with me/us was on or around _____ [month/year] and with the person this petition is being filed for was on or around _____ [month/year].
4. Any additional information you would like to provide regarding the last contact: _____

   _____

   _____

   _____

   _____.

5. My/Our efforts have included the following [please check all that apply]:

   a. ☐ performing an internet search for the address of the interested party;

   b. ☐ asking other individuals for the interested party's contact information;

c. ☐ messaging the interested party through electronic means;

d. ☐ Other: _____

6. I/We have been unable, after exercising reasonable diligence, to locate an address for the interested party to provide them with notice of the petition. I/We will notify the Court if an address is later obtained.

Signature section for petitioner	Signature section for any co-petitioner
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Date: _____ Print name: _____ Signature: _____	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Date: _____ Print name: _____ Signature: _____

Pursuant to Court of Chancery Rule 178B, the notary requirement is waived.