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

Check the county in which you are filing.

GUARDIANSHIP AFFIDAVIT OF CONSENT OF A CHILD'S PARENT

Petitioner	Respondent		
Name	Name Michalla Janea	File Number	
Anne C. Smith Street Address (including Apt)	Michelle Jones Street Address (including Apt)	CK16-98765	
101 Oak Street, Apt #123	490 Pine Street	OK10-30703	
P.O. Box Number	P.O. Box Number Each Respondent	Petition Number	
	/ that consents to		
	City/State/Zip Code the Guardianship		
Dover, DE 19901 Date of Birth	Wilmington, DE 19899 must complete a		
2/3/1984	7/13/1985 separate form.		
2 nd Petitioner (if any)	2 nd Respondent (if any)		
Name	Name		
Scott R. Smith Street Address (including Apt)	Steven Harding Street Address (including Apt)		
101 Oak Street, Apt. #123	490 Pine Street		
P.O. Box Number	P.O. Box Number		
	City/State/Zip Code		
Dover, DE 19901 Date of Birth	Dover, DE 19901		
3/14/1983	9/14/1981		
BE IT REMEMBERED, that Michelle Jones, ("Affiant"), on this date 12/8/2016, being duly sworn by me according to the law, personally appeared before me, a Notary Public for the State and Dunty declared above, did depose and say:			
I am the Respondent in the above captio		n the date you have	
Child's Name: Douglas A. Smith	the fo	orm notarized.	
Child's Date of Birth: 10/12/2012			
2) I hereby agree that the above referenced Petitioner(s) shall become the guardian(s) of this child. As guardian, the Petitioner(s) shall protect, manage and care for this child.			
 I understand that I shall have the primary responsibility to support this child financially and that this child will have the right to inherit from me and I will have the right to inherit from the child. 			
 I understand that my visitation and contact with the child shall be that which is set forth in a Court Order or a Consent Order entered into by all parties to this matter. 			
 I understand that the Court may appoint counsel to indigent respondents in guardianship cases. I freely and voluntarily waive my right to counsel. 			
6) I understand that by signing this document and authorizing its filing, I am entering an appearance and agreeing to waive service of process of the petition for guardianship.			
SWORN TO AND SUBSCRIBED Signed by a notary or court staff. Sign in the presence of a notary.			
December 8, 2016	Michelle Io	Michelle Jones	
	Affiant		
Douna Kina			

Notary Public/Clerk of Court