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**

<u>Optional or Situational Forms:</u>

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. **Mother's Affidavit that Biological Father's Name is Unknown in TPR Proceedings - Form 239**
13. **Mother's Affidavit of Non-Disclosure of Biological Father's Identity in TPR Proceedings -Form 239A**
14. **Motion for Continuance - Form 196**
15. **Affidavit of Non-Military Service - Form 405**

Form 112
Rev 2/21

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner	*Respondent*
Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? ☐ Yes ☐ No Language	Interpreter needed? ☐ Yes ☐ No Language

File Number
Petition Number

2nd Petitioner (if any)	*2nd Respondent (if any)*
Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? ☐ Yes ☐ No Language	Interpreter needed? ☐ Yes ☐ No Language

Child Attorney (if any)

Name
Law Firm
Office Address
City/State/Zip Code
Phone Number

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child for which 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)	Child's Gender (Check one)
_____	_____	_____	☐ Male ☐ Female
_____	_____	_____	☐ Male ☐ Female
_____	_____	_____	☐ Male ☐ Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth	Social Security Number
PARENT 1	_____	_____	_____	_____
PARENT 2	_____	_____	_____	_____

2. If you do not know the name/address of one or both of the child(ren)'s parents, write in the space provided below what you have done to try to locate him/her/them.

_____

_____

_____

☐ I have tried to determine whether the mother was married at the probable time of conception or thereafter.

☐ I have tried to determine whether the mother named anyone as the father on the child's birth certificate.

➢ If necessary, I have attached to this Petition the following affidavits:

☐ **Affidavit that a Party's Address is Unknown (Form 241)**

☐ **Mother's Affidavit that Biological Father's Name is Unknown (Form 239)**

☐ **Mother's Affidavit of Non-Disclosure of Biological Father's Identity** (i.e., Affidavit that a parent knows the name of the biological father but is unwilling to disclose his name) **(Form 239A)**

3. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): _____

Address of person(s) or organization:

4. Name(s) of the person(s), Department, or licensed agency **to whom parental rights are sought to be transferred** if this Petition is granted:

_____

Address of person(s), Department, or licensed agency if address is different from address of Petitioner(s):

☐ **Affidavit of Consent Accepting Transfer of Parental Rights (Form 200) is attached.**

5. Proposed adoptive parent(s)' relationship to child(ren) if proposed adoptive parent is **NOT** the Petitioner: _____

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

☐ Adoption of the child(ren) is possible, appropriate, and a Petition for Adoption will be filed with this Court.

☐ In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

Results of these efforts:

_____

_____

_____

Statement concerning other placement efforts that have been taken, if any:

_____

_____

_____

☐ Each birth parent has been advised of the right to make a no-contact declaration pursuant to 13 *Del. C.* § 962.

☐ Termination of Parental Rights is in the best interests of the child(ren).

☐ If there are two Respondents, both consent to the termination and transfer of their parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for each Respondent is attached to this Petition.

☐ If there is only one Respondent, he or she consents to the termination and transfer of his or her parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for that Respondent is attached to this Petition.

☐ If there are two Respondents, only one Respondent consents to the termination and transfer of his or her parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for the consenting Respondent is attached to this Petition.

7. I have attached to this Petition the *Grounds for Termination of Parental Rights* for each child named above. I have indicated at least one *Ground for Termination of Parental Rights* for each child named in this petition.

_____	_____	_____	_____
Petitioner	Date	2nd Petitioner (if any)	Date
_____		_____	
Print Name		Print Name	
Sworn 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	

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

_____
Print Name

_____
2nd Petitioner

_____
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 each child named in the *Petition for Termination of Parental Rights*. Thus, if there are 2 children, then 2 *Grounds for Termination of Parental Rights* forms MUST be completed and attached to the Petition.

NAME OF THE CHILD: _____

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.

1. ☐ The parent(s) of the child, or the person(s) or organization holding parental rights over such child, agree (consent) that this Petition should be granted.
   ☐ A *Consent to Termination and Transfer of Parental Rights* (Form 140) is attached to the Petition.

2. ☐ Respondent has abandoned the child **AND** intended to abandon 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**):

   a. ☐ The child is younger than 6 months old at the time of filing this Petition, Respondent(s) FAILED to:

      - Pay reasonable prenatal, natal and postnatal expenses in accordance with Respondent's financial means; **AND**
      - Visit regularly 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).

   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) during the year immediately before filing the Petition, Respondent(s) FAILED to:

      - Communicate or visit regularly with the child; **AND**
      - 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).

   c. ☐ The child is younger than 6 years old at the time of filing this Petition **AND** Respondent has placed the child in circumstances leaving the child in substantial risk of injury or death and, therefore, has manifested (shown) the unwillingness to exercise parental rights and responsibilities.

3. ☐ Respondent has abandoned the child BUT did **NOT intend** to abandon the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent FAILED to:

   - Communicate or visit regularly with the child; **AND**
   - File or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child; **AND**

- 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).

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 legal and physical custody of the other parent and Respondent is not able or willing promptly to assume legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means.

☐ 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 is not able or willing promptly to establish and maintain contact with the child and to pay for the child's support, 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 physical or psychological well-being of the child. Respondent is unfit to maintain a relationship of "parent and child" with the child because of any of the following reasons:

i. The circumstances of the child's conception; **OR**

ii. Respondent's behavior during pregnancy; **OR**

iii. Respondent's behavior after the child was born; **OR**

iv. Respondent's behavior with respect to other children.

☐ Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

4. ☐ The parent(s) of the child or any person(s) holding parental rights over such child are mentally incompetent and therefore, are unable to discharge parental responsibilities in the foreseeable future. (*The Court will select 2 qualified psychiatrists to form an opinion regarding mental incompetence and inability to discharge parental responsibilities. The Court also will appoint a licensed attorney, as Guardian Ad Litem, to represent the alleged incompetent's interests in the proceeding*).

5. ☐ Respondent has been found by a Court of competent jurisdiction to have **(If you check box 5, you must place an "X" next to at least one of the following that apply):**

a. ☐ Committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child; **OR**

b. ☐ Aided or abetted, attempted, conspired or solicited to commit a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child; **OR**

c. ☐ Committed or attempted to commit the offense of Dealing in Children as set forth in § 1100A of Title 11; **OR**.

d. ☐ Committed the felony level offense of endangering the welfare of a child as set forth in § 1102 of Title 11.

6. ☐ The parent(s) of the child, or any person(s) holding parental rights over the child, are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development, and 1 or more of the following conditions have been met **(If you check box 6, you must place an "X" next to either "a" or "b".):**

   a. ☐ If the child is in the care of the Department of Services for Children Youth and Their Families (the "Department") or a licensed agency **(If you check box "a", you must place an "X" next to at least one of the following):**

      ☐ The child has been in the care of the Department of licensed agency for a period of one year, or if the child has come into care as an infant, a period of 6 months, or there is a history of previous placement(s) of this child; **OR**

      ☐ There is a history of neglect, abuse, or lack of care of the child or other children by Respondent; **OR**

      ☐ Respondent is incapable of discharging parental responsibilities due to extended or repeated incarceration; **OR**

      ☐ Respondent is not able or willing to assume promptly legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means; **OR**

      ☐ Failure to grant the Petition for Termination of Parental Rights will result in continued emotional instability or physical risk to the child.

   b. ☐ If the child is in the care of a stepparent, guardian, permanent guardian, or blood relative**:**

      - the child has resided in the home of the stepparent, guardian, permanent guardian or blood relative for a period of at least 1 year, or in the case of an infant, a period of 6 months **AND**

      - Respondent is incapable of discharging parental responsibilities, and there appears to be little likelihood that Respondent will be able to discharge such parental responsibilities in the near future.

7. ☐ Respondent's parental rights over a sibling (brother, sister, half-brother, half-sister) of the child who is the subject of the Petition have been involuntarily terminated in a prior proceeding.

8. ☐ The parent has subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

9. ☐ A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from the intentional or reckless conduct or willful neglect of the parent.

Form 346
Rev 5/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

CUSTODY SEPARATE STATEMENT

Petitioner	*v.* *Respondent*	
Name	*Name*	File Number

1. What type of petition are you filing? _____

2. Who is the child(ren) named in your petition? (*Please provide full name and date of birth*)

Child's Name	Date of Birth (mm/dd/yyyy)	Place of Birth (City, State)

3. Have all the children listed above continually resided with one another? ☐ Yes ☐ No

   If you answered "No," the children have not continually resided with one another; please complete a Custody Separate Statement for each child.

CURRENT ADDRESS				
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.***			*Date(s) Child(ren) lived here* to present	
Address	*City*		*State*	*Zip*
People living in the household with the child(ren):		*Date of Birth*	*Relationship to child(ren):*	

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.*

PRIOR ADDRESS				
Address where child(ren) previously resided		*City*	*State*	*Zip Code*
Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*		*Relationship to child(ren)*	
Person's current address		*City*	*State*	*Zip Code*
PRIOR ADDRESS				
Address where child(ren) previously resided		*City*	*State*	*Zip Code*
Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*		*Relationship to child(ren)*	
Person's current address		*City*	*State*	*Zip Code*

PRIOR ADDRESS	*Address where child(ren) previously resided*	*City*	*State*	*Zip Code*
	Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*
PRIOR ADDRESS	*Address where child(ren) previously resided*	*City*	*State*	*Zip Code*
	Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*

5. Check **ONE** and complete as directed.

☐ No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).

☐ *A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.*

PERSON 1	*Name of person(s) with physical custody, legal custody or visitation*		*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*
PERSON 2	*Name of person(s) with physical custody, legal custody or visitation*		*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*

6. Select all that apply and complete as directed.

☐ I have not been involved in any other court action for custody and/or visitation of this child(ren).

☐ I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

ACTION 1	*Type of Action (e.g. Custody, Visitation, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
	Result		*Date of Order*	
ACTION 2	*Type of Action (e.g. Custody, Visitation, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
	Result		*Date of Order*	
ACTION 3	*Type of Action (e.g. Custody, Visitation, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
	Result		*Date of Order*	

7. Check **ONE** and complete as directed.

☐ 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.*

ACTION 1	*Type of Action (e.g. PFA, TPR, Guardianship, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
ACTION 2	*Type of Action(e.g. PFA, TPR, Guardianship, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	

_____
Petitioner

Sworn to and subscribed before me this _____ day of _____, _____.

_____
Clerk of Court/Notary Public

Form 240
Rev 6/20

The Family Court of the State of Delaware

INFORMATION SHEET - **PLEASE PRINT**

Date: _____ File No.: _____

Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)
PLEASE PRINT CLEARLY

A. Name: _____

B. Address: _____

City/State/Zip: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Email Address: _____

☐ I authorize Family Court to deliver court orders in my case(s) to my email address instead of to my mailing address.*

*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 https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly.

E. Employer & Address: _____

_____

_____

Hours/Shift: _____

F. Social Security No.: _____ G. Date of Birth: _____

H. Place of Birth (City & State): _____

I. Sex: ____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

J. Type of motor vehicle operated by you: _____

K. Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

L. Your relationship to the Defendant/Respondent: _____

M. Attorney: _____

_____

_____

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace City & State

Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)

N. Defendant/Respondent is a: (Check One) ☐ **ADULT** ☐ **JUVENILE**

O. Name: _____

P. Address: _____

City/State/Zip: _____

Q. Phone – Home: _____ Work: _____ Cell: _____

R. Email Address: _____

S. Employer & Address: _____

_____

_____

Hours/Shift _____

T. Social Security No.: _____ U. Date of Birth: _____

V. Place of Birth (City & State): _____

W. Relationship to Child: ☐ Not Applicable ☐ Mother ☐ Father ☐ Relative ☐ Non-Relative

☐ Other (Please Describe): _____

X. Sex: _____ Race: Height: Weight: Hair: Eyes:

Marks/Scars/Tattoos: _____

Y. Driver's License State & No.: _____ Z. Type of vehicle operated by Defendant/Respondent: _____

AA. Parent's Name (if a juvenile): _____

AB. Time when Respondent is usually home: _____

_____

AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

Form 115
(Rev. 6/10)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	File No.: _____
v.	)	Petition No.: _____
_____ , Respondent	)	

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

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

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 mail and U.S. registered or certified mail to the home address listed above. In addition, please publish notice of this action in the following newspapers most likely to give the respondent(s) notice of this action consistent with the requirements of 13 Del. C. § 1107A:

Respondent Name	Local Publication	Foreign Publication (if necessary)
Newspaper Address:		
Attention:		

_____ Date

_____ Attorney for Petitioner

Form 110T
Rev 6/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
	)	Petition No.: _____
_____ , Respondent	)	

ORDER OF REFERENCE FOR TERMINATION OF PARENTAL RIGHTS

Having considered the request of the movant, _____

IT IS ORDERED, this date: _____

The foregoing Petition for Termination of Parental Rights having been presented to the Court, and it appearing that the Petition has been properly filed;

It is ordered that the _____
perform a Social Study and submit a report to the Court as required by 13 *Del. C*. § 1107(b).

_____
Judge Signature

_____
Judge Print

Form 118A
(Rev. 03/10)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
	)	Petition No.: _____
_____ , Respondent	)	

ORDER FOR HEARING FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, the foregoing Petition of _____ having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on _____ at _____ o'clock at which time the Petitioner shall appear to establish that Respondent's parental rights in _____ should be terminated and said rights granted to _____ and Respondent may appear in opposition to the petition and in opposition to the evidence offered in support thereof.

IT IS FURTHER ORDERED that the Clerk 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 accomplished, then such notice shall be published in _____ once each week for three consecutive weeks and notice shall be sent to Respondent by regular and certified mail to the last known address, a copy of the Petition attached thereto.

So Ordered this Date: _____ _____
Judge

Form 107
Rev 6/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
	)	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

Form 200
Rev 6/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

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

_____	)	
Petitioner,	)	File No.: _____
v.	)	
	)	Petition No.: _____
_____	)	
Respondent,	)	

In the matter of:

_____

_____
DOB

_____ hereby agrees to accept the transfer of parental rights over the involved minor child(ren), pursuant to 13 *Del. C.* § 1106(e).

_____ _____
Date Consenting Party Name

_____
Consenting Party Signature

Sworn to and subscribed before me this _____ day of _____, _____

_____
Clerk of Court/Notary Public

Form 241
Rev 5/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN

Petitioner Name:	Respondent Name:

File Number
Petition Number

State of Delaware)
)
_____ County)

BE IT REMEMBERED, that on this _____ day of _____ , _____ , personally appeared before me, a Notary Public for the State and County aforesaid, _____ ("Affiant"), who, being by me duly sworn according to law did depose and say:

1. My name is _____

2. I do not know the current address or telephone number, nor do I know anyone who could provide me with the current address or telephone number of _____ . I have contacted his/her:

   (Please check as appropriate) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____

3. His/Her last known address and telephone number were:

Street Address (including Apt)	
P.O. Box Number	
City/State/Zip Code	
Phone Number	Information as of: (date)

4. I have had no contact with him/her since _____ .

5. I have been informed of my responsibility to accomplish publication, unless the Court has approved my application to proceed In Forma Pauperis and has waived publication costs.

6. I understand I must file with the Court the Affidavit of Publication within 30 days of filing this form. I further understand that my failure to do so will result in the petition being dismissed.

7. I understand publication is not permitted in paternity, spousal support, or child support cases.

8. The information contained herein is true and correct to the best of my knowledge and belief.

_____
Affiant

Sworn to subscribed before me this _____ day of _____ , _____

_____ _____
Clerk of Court/ Notary Public Date

Form 140
Rev 11/20

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CONSEPT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner	*v. Respondent*	
Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
D.O.B.	D.O.B.	
Attorney Name	Attorney Name	

1. I _____ am the ☐Mother ☐Father of the following children:
   _____, Born on _____
   _____, Born on _____
   _____, Born on _____
   _____, Born on _____

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:
   ☐ The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely: _____
   ☐ Chosen Adopted Parents: _____

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:
   (a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent; **OR**
   (b) I comply with the following instruction for revocation _____
   _____ ; **OR**
   (c) the agency or individual that accepted the consent and I agree to its revocation.

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. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
☐my right to service of process;
☐my right to notice of such a hearing;
☐ my right to attend the hearing.

11. I would like to receive a copy of the final order of the Court.
☐Yes
☐No

12. ☐The attorney who is representing me in regards to this consent is _____ ,Esq. Any questions I have about this consent were answered by the attorney. If I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney by checking this box: ☐

13. I understand that I will receive a copy of my signed consent.

14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ 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

Form 140
Rev 11/20

TERMINATION OF PARENTAL RIGHTS
CONSENT PARTY STATEMENT

I, _____ , the ☐ mother ☐ father of _____

who was born on _____ do state that I:

1. Believe that placement of my child for adoption by _____ , would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____ , and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

_____ _____

Consenting Party *Date*

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 *Del. C*. § 1106(c) because I am
   - ☐ A judge of a court of record;
   - ☐ An individual designated by a judge to take consents;
   - ☐ An employee designated by an agency to take consents;
   - ☐ A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
   - ☐ A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
   - ☐ An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party _____
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party ☐read/ ☐was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
   ☐ Not a minor; or
   ☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

_____	_____	_____
Date	*Authorized Person (printed name)*	*Authorized Person (signature)*

Agency: _____

Address: _____

_____

_____

Form 420
Rev 6/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

_____ Petitioner,	)	File No.: _____
and	)	Petition No.: _____
_____ Respondent,	)	

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

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 Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the "Servicemembers Civil Relief Act" and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

_____
Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, _____ ____ , _____

_____
Notary Public or Clerk of Court

Form 239
Dev 2/21

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

MOTHER'S AFFIDAVIT THAT BIOLOGICAL FATHER'S NAME IS UNKNOWN IN TERMINATION OF PARENTAL RIGHTS PROCEEDINGS

Petitioner	Respondent
Name:	Name:

File Number
Petition Number

State of Delaware)
)
_____ County)

1. My name is _____
2. I am the mother of _____ , the child who is the subject of the termination of parental rights proceeding.
3. I affirm that I do not know the name of the biological father.
4. The information above is true and correct 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

_____
Print Name

Form 239A
Dev 2/21

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

MOTHER'S AFFIDAVIT OF NON-DISCLOSURE OF BIOLOGICAL FATHER'S IDENTITY IN TERMINATION OF PARENTAL RIGHTS PROCEEDINGS

Petitioner	Respondent
Name:	Name:

File Number
Petition Number

State of Delaware)
)
_____ County)

1. My name is _____
2. I am the mother of _____ , the child who is the subject of the termination of parental rights proceeding.
3. I affirm that I know the name of the biological father, but I am unwilling to disclose his name.
4. The information contained herein is true and correct to the best of my knowledge and belief.

_____
Affiant

_____
Print Name

Sworn to subscribed before me this _____ day of _____ , _____

_____ _____
Clerk of Court/ Notary Public Date

_____
Print Name

Form 196
Rev 9/20

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	

A PROCEEDING involving _____ having been filed in this Court on _____ , Movant hereby moves the Court for a Continuance and, in support thereof, alleges the following facts:

1. I cannot attend the Court Proceeding scheduled on _____ at _____ due to:

   _____

   Documentation must be attached.

2. I have contacted the opposing counsel or the opposing party if unrepresented regarding this continuance request and the following is his or her position:

   _____

   _____

3. This case has been scheduled for a hearing _____ times previously.

If you have a conflict with another case in this or any other Court, you need to attach a copy of that notice. Pursuant to Civil Rule 40, you must also provide the following information:

i. the reasons why the conflict cannot be resolved;
ii. the relative importance of the conflicting cases;
iii. the relative inconvenience of the parties, witnesses, and other person if a continuance is granted;
iv. the dates on which each court scheduled the case and whether the court which created the scheduling conflict was aware that a conflict was being created; and
v. other information which will be helpful to the judicial officer in deciding which of the conflicting matters should take precedence.

SWORN TO AND SUBSCRIBED before me this date,

_____ _____
Movant/Attorney

_____
Clerk of Court/ Notary Public

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date _____ , and sent to the other party or attorney at the address listed on the petition, being _____ , first class postage pre-paid.

SWORN TO AND SUBSCRIBED before me this date,

_____ _____
Movant/Attorney

_____
Clerk of Court/ Notary Public

Form 192
Rev 7/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

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

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

Form 193
Rev 7/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
	)	Petition No.: _____
_____ , Respondent	)	

ORDER

Having considered the request of the movant, _____, _____

IT IS SO ORDERED, this date: _____

_____

Judge/Commissioner

CC: ☐ Petitioner ☐ Petitioner's Attorney _____

☐ Respondent ☐ Respondent's Attorney _____

☐ DAG ☐ PD ☐ Fiscal Services ☐ DCSS ☐ FC.Appointed.Attorneys@delaware.gov

☐ Other _____

Form 405
(Rev 06/15)

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 § 521 of the Servicemembers Civil Relief Act (50 USCS App. § 501 et seq)

_____
Affiant

SWORN TO AND SUBSCRIBED before me this date, _____

_____
Clerk of Court/Notary Public

Form 112
Rev 2/21

The Family Court of the State of Delaware

In and For ☐ New Castle County ☒ Kent County ☐ Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Check the county in which you are filing.

Petitioner	*Respondent*
Name Anne C, Smith	Name Scott R. Smith
D.O.B. 2/3/84	D.O.B. 5/1/84
Street Address (including Apt) 5 Walnut Rd	Street Address (including Apt) 17 Liberty Drive Apt B
P.O. Box Number	P.O. Box Number
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Dover, DE 19901
Home Phone Number Work Phone Number 302-555-5151	Home Phone Number Work Phone Number 302-247-5555
Relation to Child(ren) Mother	Relation to Child(ren) Father
Interpreter needed? ☐ Yes ☐ No Language	Interpreter needed? ☐ Yes ☐ No Language

File Number
CK19-12345
Petition Number
19-12345

List the file and the petition number if known.

2nd Petitioner (if any)	*2nd Respondent (if any)*
Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? ☐ Yes ☐ No Language	Interpreter needed? ☐ Yes ☐ No Language

Child Attorney (if any)

Name
Law Firm
Office Address
City/State/Zip Code
Phone Number

List all petitioners, respondents and attorney of this matter.

On the following pages, read each question carefully and answer everything that is true and as it pertains to this matter.

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child for which 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)	Child's Gender (Check one)
Jacob Smith	12/1/2015	Dover, DE	☒ Male ☐ Female
			☐ Male ☐ Female
			☐ Male ☐ Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth	Social Security Number
PARENT 1	Anne Smith	5 Walnut Rd, Dover, DE	2/3/81	111-11-1212
PARENT 2	Scott Smith	17 Liberty Drive, Dover, DE	5/1/84	222-21-1111

2. If you do not know the name/address of one or both of the child(ren)'s parents, write in the space provided below what you have done to try to locate him/her/them.

_____

_____

_____

☐ I have tried to determine whether the mother was married at the probable time of conception or thereafter.

☐ I have tried to determine whether the mother named anyone as the father on the child's birth certificate.

➢ If necessary, I have attached to this Petition the following affidavits:

☐ **Affidavit that a Party's Address is Unknown (Form 241)**

☐ **Mother's Affidavit that Biological Father's Name is Unknown (Form 239)**

☐ **Mother's Affidavit of Non-Disclosure of Biological Father's Identity** (i.e., Affidavit that a parent knows the name of the biological father but is unwilling to disclose his name) **(Form 239A)**

3. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): Anne C. Smith - Mother

Address of person(s) or organization:

See above - Petitioner

4. Name(s) of the person(s), Department, or licensed agency **to whom parental rights are sought to be transferred** if this Petition is granted:

_____

Address of person(s), Department, or licensed agency if address is different from address of Petitioner(s):

☐ **Affidavit of Consent Accepting Transfer of Parental Rights (Form 200) is attached.**

5. Proposed adoptive parent(s)' relationship to child(ren) if proposed adoptive parent is **NOT** the Petitioner: _____

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

☐ Adoption of the child(ren) is possible, appropriate, and a Petition for Adoption will be filed with this Court.

☐ In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

Results of these efforts:

_____

_____

_____

Statement concerning other placement efforts that have been taken, if any:

_____

_____

_____

☐ Each birth parent has been advised of the right to make a no-contact declaration pursuant to 13 *Del. C.* § 962.

☐ Termination of Parental Rights is in the best interests of the child(ren).

☐ If there are two Respondents, both consent to the termination and transfer of their parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for each Respondent is attached to this Petition.

☒ If there is only one Respondent, he or she consents to the termination and transfer of his or her parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for that Respondent is attached to this Petition.

☐ If there are two Respondents, only one Respondent consents to the termination and transfer of his or her parental rights and the *Consent to Termination and Transfer of Parental Rights* (Form 140) for the consenting Respondent is attached to this Petition.

7. I have attached to this Petition the *Grounds for Termination of Parental Rights* for each child named above. I have indicated at least one *Ground for Termination of Parental Rights* for each child named in this petition.

Must be signed in the presence of a Clerk of the Court or Notary Public.

Ann C Smith	12/8/2019		
Petitioner	Date	2nd Petitioner (if any)	Date
Anne C. Smith			
Print Name		Print Name	
Sworn to and subscribed before me:		Sworn to and subscribed before me:	
Carol Jones	12/8/2019		
Clerk of Court/Notary Public	Date	Clerk of Court/Notary Public	Date
Carol Jones - #981283			
Print Name		Print Name	

Form 112
Rev 2/21

Affidavit of Truth

I/We, Anne C. Smith state the information in this Petition for Termination of Parental Rights is true and correct to the best of my/our knowledge.

Must be signed in the presence of a Clerk of the Court or Notary Public.

Anne C. Smith
Petitioner

Anne C. Smith
Print Name

2nd Petitioner

Print Name

SWORN TO AND SUBSCRIBED BEFORE ME on this date, December 8, 2019 .

Carol Jones
Clerk of Court/Notary

Carol Jones - #981283
Print Name

On the following pages, read each question carefully and answer everything that is true and as it pertains to this matter.

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

NAME OF THE CHILD: Jacob Smith

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.

1. ☒ The parent(s) of the child, or the person(s) or organization holding parental rights over such child, agree (consent) that this Petition should be granted.
   ☒ A *Consent to Termination and Transfer of Parental Rights* (Form 140) is attached to the Petition.

2. ☒ Respondent has abandoned the child **AND** intended to abandon 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**):

   a. ☐ The child is younger than 6 months old at the time of filing this Petition, Respondent(s) FAILED to:

      - Pay reasonable prenatal, natal and postnatal expenses in accordance with Respondent's financial means; **AND**
      - Visit regularly 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).

   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) during the year immediately before filing the Petition, Respondent(s) FAILED to:

      - Communicate or visit regularly with the child; **AND**
      - 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).

   c. ☐ The child is younger than 6 years old at the time of filing this Petition **AND** Respondent has placed the child in circumstances leaving the child in substantial risk of injury or death and therefore has manifested (shown) the unwillingness to exercise parental rights and responsibilities.

3. ☐ Respondent has abandoned the child BUT did **NOT intend** to abandon the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent FAILED to:

   - Communicate or visit regularly with the child; **AND**
   - File or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child; **AND**

- 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).

AND at least one of the below applies (Place an "X" next to at least one of the following that apply) **If you check box 3, you must place an "X" next to at least one of the following**):

☐ The child is not in the legal and physical custody of the other parent and Respondent is not able or willing promptly to assume legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means.

☐ 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 is not able or willing promptly to establish and maintain contact with the child and to pay for the child's support, 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 physical or psychological well-being of the child. Respondent is unfit to maintain a relationship of "parent and child" with the child because of any of the following reasons:

i. The circumstances of the child's conception; **OR**

ii. Respondent's behavior during pregnancy; **OR**

iii. Respondent's behavior after the child was born; **OR**

iv. Respondent's behavior with respect to other children.

☐ Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

4. ☐ The parent(s) of the child or any person(s) holding parental rights over such child are mentally incompetent and therefore, are unable to discharge parental responsibilities in the foreseeable future. (*The Court will select 2 qualified psychiatrists to form an opinion regarding mental incompetence and inability to discharge parental responsibilities. The Court also will appoint a licensed attorney, as Guardian Ad Litem, to represent the alleged incompetent's interests in the proceeding*).

5. ☐ Respondent has been found by a Court of competent jurisdiction to have **(If you check box 5, you must place an "X" next to at least one of the following that apply):**

   a. ☐ Committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child; **OR**

   b. ☐ Aided or abetted, attempted, conspired or solicited to commit a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child; **OR**

   c. ☐ Committed or attempted to commit the offense of Dealing in Children as set forth in § 1100A of Title 11; **OR**.

   d. ☐ Committed the felony level offense of endangering the welfare of a child as set forth in § 1102 of Title 11.

6. ☐ The parent(s) of the child, or any person(s) holding parental rights over the child, are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development, and 1 or more of the following conditions have been met **(If you check box 6, you must place an "X" next to either "a" or "b".):**

   a. ☐ If the child is in the care of the Department of Services for Children Youth and Their Families (the "Department") or a licensed agency **(If you check box "a", you must place an "X" next to at least one of the following):**

      ☐ The child has been in the care of the Department of licensed agency for a period of one year, or if the child has come into care as an infant, a period of 6 months, or there is a history of previous placement(s) of this child; **OR**

      ☐ There is a history of neglect, abuse, or lack of care of the child or other children by Respondent; **OR**

      ☐ Respondent is incapable of discharging parental responsibilities due to extended or repeated incarceration; **OR**

      ☐ Respondent is not able or willing to assume promptly legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means; **OR**

      ☐ Failure to grant the Petition for Termination of Parental Rights will result in continued emotional instability or physical risk to the child.

   b. ☐ If the child is in the care of a stepparent, guardian, permanent guardian, or blood relative**:**

      - the child has resided in the home of the stepparent, guardian, permanent guardian or blood relative for a period of at least 1 year, or in the case of an infant, a period of 6 months **AND**

      - Respondent is incapable of discharging parental responsibilities, and there appears to be little likelihood that Respondent will be able to discharge such parental responsibilities in the near future.

7. ☐ Respondent's parental rights over a sibling (brother, sister, half-brother, half-sister) of the child who is the subject of the Petition have been involuntarily terminated in a prior proceeding.

8. ☐ The parent has subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

9. ☐ A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from the intentional or reckless conduct or willful neglect of the parent.

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

CUSTODY SEPARATE STATEMENT

Petitioner	*v.*	*Respondent*	
Name Anne C. Smith		*Name* John D. Smith	File Number CK04-1211

1. What type of petition are you filing? FILL IN PETITION TYPE (E.g. Petition for Custody)

2. Who is the child(ren) named in your petition? (*Please provide full name and date of birth*)

Child's Name	Date of Birth (mm/dd/yyyy)	Place of Birth (City, State)
Doug A. Smith	10/15/2010	Dover, DE
Mary J. Smith	4/22/2013	Dover, DE

3. Have all the children listed above continually resided with one another? ☒ Yes ☐ No

If you answered "No," the children have not continually resided with one another; please complete a Custody Separate Statement for each child.

CURRENT ADDRESS

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.***			*Date(s) Child(ren) lived here* 1/28/2016 to present
Address 101 Oak Street, Apt 123	*City* Dover	*State* DE	*Zip* 19901
People living in the household with the child(ren):	*Date of Birth*	*Relationship to child(ren):*	
Anne C. Smith	12/26/1985	Mother	
Mary A. White	4/28/1959	Grandmother	

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.*

PRIOR ADDRESS

Address where child(ren) previously resided	*City*	*State*	*Zip Code*
10 Clayton Street	New Castle	DE	19720
Date(s) child(ren) lived there	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
2/14/2014 to 1/27/2016	Anne C. Smith & Mary A. White	Mother and Grandmother	
Person's current address	*City*	*State*	*Zip Code*
101 Oak Street, Apt 123	Dover	DE	19901

PRIOR ADDRESS

Address where child(ren) previously resided	*City*	*State*	*Zip Code*
490 Pine Street	Wilmington	DE	19899
Date(s) child(ren) lived there	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
10/1/2010 to 2/14/2014	John V. Smith and Anne C. Smith	Father Mother	
Person's current address	*City*	*State*	*Zip Code*
Unknown (John Smith) 101 Oak Street, Apt 123	Dover	DE	19901

PRIOR ADDRESS	*Address where child(ren) previously resided*	*City*	*State*	*Zip Code*
	Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*
PRIOR ADDRESS	*Address where child(ren) previously resided*	*City*	*State*	*Zip Code*
	Date(s) child(ren) lived there to	*Name of person(s) child(ren) lived with*	*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*

5. Check **ONE** and complete as directed.

☒ No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).

☐ *A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.*

PERSON 1	*Name of person(s) with physical custody, legal custody or visitation*		*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*
PERSON 2	*Name of person(s) with physical custody, legal custody or visitation*		*Relationship to child(ren)*	
	Person's current address	*City*	*State*	*Zip Code*

6. Select all that apply and complete as directed.

☐ I have not been involved in any other court action for custody and/or visitation of this child(ren).

☒ I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

ACTION 1	*Type of Action (e.g. Custody, Visitation, Other)* Visitation	*Person (who filed the action)* John V. Smith		*State* DE
	Court Family Court	*Case Number* CK16-1122	*Date Filed* 10/2/2016	
	Result Visitation granted		*Date of Order* 12/15/2016	
ACTION 2	*Type of Action (e.g. Custody, Visitation, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
	Result		*Date of Order*	
ACTION 3	*Type of Action (e.g. Custody, Visitation, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	
	Result		*Date of Order*	

7. Check **ONE** and complete as directed.

☐ 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.*

ACTION 1	*Type of Action (e.g. PFA, TPR, Guardianship, Other)* PFA	*Person (who filed the action)* Anne C. Smith		*State* DE
	Court Family Court	*Case Number* CK04-12111	*Date Filed* 8/11/2017	
ACTION 2	*Type of Action(e.g. PFA, TPR, Guardianship, Other)*	*Person (who filed the action)*		*State*
	Court	*Case Number*	*Date Filed*	

STOP — Sign in the presence of a notary or court staff.

Anne C. Smith
Petitioner

Sworn to and subscribed before me this 18th day of September, 2017.

STOP — Signed by notary or court staff.

Donna King
Clerk of Court/Notary Public

Form 240

The Family Court of the State of Delawa

INFORMATION SHEET - **PLEASE PRINT**

The date you file the form

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

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

Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)
PLEASE PRINT CLEARLY

Each Petitioner must complete a separate form. Complete all information on the form.

A. Name: Anne C. Smith

B. Address: 101 Oak Street, Apt. 123

City/State/Zip: Dover, DE 19901

C. Phone – Home: 302-555-1111 Work: 302-555-9999 Cell: 302-999-8888

D. Email Address: Anne.C.Smith@example.com

☒ I authorize ss instead of to my mailing address.*

← **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 https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly.

E. Employer & Address: ABC Child Care Center
500 Pine Street
Dover, DE 19904

Hours/Shift Monday - Friday 7:00am - 5:00pm

F. Social Security No.: 000-00-000 G. Date of Birth: 2/3/1986

H. Place of Birth (City & State): Wilmington, DE

I. Sex: F Race: BR Height: 5ft 9 Weight: 130 Hair: Brown Eyes: Blue

Marks/Scars/Tattoos: N/A

J. Type of motor vehicle operated by you: Honda Accord

K. Driver's License No.: 1234567 State of Issue: DE Expiration Date: 2/3/2020

L. Your relationship to the Defendant/Respondent: Sister

M. Attorney: N/A

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace City & State
Douglas Harding	Nephew	M	White	10/14/2012	987-65-4321	Newark, DE

SAMPLE

Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)

N. Defendant/Respondent is a: (Check One) ☒ **ADULT** ☐ **JUVENILE**

O. Name: Michelle Jones

You must complete a separate form for each Defendant/Respondent.

P. Address: 6 Walnut Street - APT D

City/State/Zip: Newark, DE 19711

Q. Phone – Home: N/A Work: NA Cell: 302-222-3333

R. Email Address: MichelleJones@example.com

S. Employer & Address: N/A

Hours/Shift N/A

T. Social Security No.: Unknown U. Date of Birth: 5/1/1989

V. Place of Birth (City & State): Wilm., DE

W. Relationship to Child: ☐ Not Applicable ☒ Mother ☐ Father ☐ Relative ☐ Non-Relative

☐ Other (Please Describe):

X. Sex: F Race: BR Height: 5 ft Weight: 130 Hair: Brown Eyes: Brown

Marks/Scars/Tattoos: Hello Kitty Tattoo upper right arm

Y. Driver's License State & No.: Unknown

Z. Type of vehicle operated by Defendant/Respondent: Ford - Pickup

AA. Parent's Name (if a juvenile): N/A

AB. Time when Respondent is usually home: Unknown

AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

If you are unable to locate the respondent at her residence, she spends a lot of time with her boyfriend at 775 Spruce Street in Middletown, DE 19765

List places where the Respondent spends time other than at home. The more information the better.

DIRECTIONS TO RESPONDENT'S RESIDENCE

Home: West on Talbot, right on Walnut, brown apartment building #6, APT D

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.

SAMPLE

Form 115

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

Anne C. Smith/Scott R. Smith, Petitioner	)	
v.	)	File No.: CK07-0550
Michelle Jones/Steven Harding, Respondent	)	Petition No.: 07-0223

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Michelle Jones	123 State Street	XYZ Corporation
		67 Walnut Avenue
	Dover DE 19901	Dover DE 19901
Hours Likely to be served:	5pm to 10pm	9am to 4pm

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Steven Harding	123 Main Street	ACME Corporation
		88 North 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 mail and U.S. registered or certified mail to the h[illegible] addition, please publish notice of this action in the following newspapers n[illegible]nt(s) notice of this action consistent with the requirements of 13 Del. C. § 13[illegible]

Information regarding local publications is available in the self-help/resource centers.

Respondent Name	Local Publication	Foreign Publication (if necessary)
Michelle Jones/Steven Harding	Delaware State News	
Newspaper Address:	110 Galaxy Drive	
	Dover, DE 19901	
Attention:		

December 17, 2007
Date

Anne C. Smith
Attorney for Petitioner

Form 110T
Rev 6/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☒ Kent County ☐ Sussex County

Check the county in which you have filed.

Anne C. Smith, Petitioner	)	
v.	)	File No.: CK19-12345
Scott R. Smith, Respondent	)	Petition No.: 19-12345

Fill in the File and Petition number if known.

ORDER OF REFERENCE FOR TERMINATION OF PARENTAL RIGHTS

Having considered the request of the movant, Anne C. Smith

IT IS ORDERED, this date: _____ Leave blank for the Judge to fill in.

The foregoing Petition for Termination of Parental Rights having been presented to the Court, and it appearing that the Petition has been properly filed;

It is ordered that the Children and Family First Social Study Report Company perform a Social Study and submit a report to the Court as required by 13 *Del. C*. § 1107(b).

Fill in the name of the agency that will conduct the Social Study report.

_____
Judge Signature

_____
Judge Print

Form 118A

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

Fill out only the top portion of this form.

Anne C. Smith/Scott R. Smith ,
Petitioner

v.

Michelle Jones/ Steven Harding ,
Respondent

File No.: CN07-0550

Petition No.: 07-0223

This portion of the form will be completed by Court staff.

ORDER FOR HEARING

AND NOW, TO WIT, the foregoing Petition of _____ having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on , at o'clock at which time the Petitioner shall appear to establish that Respondent's parental rights in _____ should be terminated and said rights granted to _____ and Respondent may appear in opposition to the petition and in opposition to the evidence offered in support thereof.

IT IS FURTHER ORDERED that the Clerk 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 accomplished, then such notice shall be published in _____ once each week for three consecutive weeks and notice shall be sent to Respondent by regular and certified mail to the last known address, a copy of the Petition attached thereto.

_____
Judge

This portion will be completed by the Judge.

Form 107

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

Fill out only the top portion of this form.

Anne C. Smith/Scott R. Smith ,
Petitioner

v.

Michelle Jones/ Steven Harding ,
Respondent

File No.: CN07-0550

Petition No.: 07-0223

This portion of the form will be completed by Court staff.

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

Form 200

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the box of the county where you are filing

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

Anne Smith Petitioner,	)	File No.: CK04-1211
v.	)	Petition No.:
Michelle Jones Respondent,	)	

Write the file and petition numbers if you know it.

In the matter of:

Doug Smith

10/14/2005
DOB

The name of the person accepting parental rights of the child(ren)

Anne Smith hereby agrees to accept the transfer of parental rights over the involved minor child(ren), pursuant to 13 *Del. C.* § 1106(e).

4/1/2006
Date

Anne Smith
Consenting Party Name

Anne Smith
Consenting Party Signature

Only sign in the presence of a Notary or Clerk of the Court

Sworn to and subscribed before me this 1st day of April , 2006

Donna King
Clerk of Court/Notary Public

Form 241

The Family Court of the State of Delaware

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

Petitioner Last	First	MI		Respondent Last	First	MI	File No.
Smith	Anne	C.	vs.	Jones	Michelle		
				Harding	Steven		CPI No.

Fill in the county in which you are filing.

State of Delaware)
) SS.
Kent County)

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this 17th day of March, 2007, personally appeared before me, a Notary Public for the State and County aforesaid, Anne C. Smith, ("Affiant"), who, being by me duly sworn according to law did depose and say:

The person filling out the form is the "Affiant" and his/her name goes here.

1. My name is Anne C. Smith

2. I do not know the current address and/or telephone number, nor do I know anyone who could provide me with the current address and/or telephone number of Michelle Jones. I have contacted his/her (Please check as appropriate) ☐ Parent ☐ Spouse ☐ Employer X Other: Respondent's Brother.
   His/Her last known address and telephone number were:

   490 Pine Street
   Wilmington, Delaware 19899

   as of January 10, 2004.

   Fill in the date that the Respondent last lived at the above address.

3. I have had no contact with him/her since January 1, 2004.

4. I have been informed of my responsibility to accomplish publication and my failure to do so will result in the petition being dismissed.

5. The information contained herein is true and correct to the best of my knowledge and belief.

STOP Sign in the presence of a notary.

Anne C. Smith
Affiant

SWORN TO AND SUBSCRIBED before me this date, _____.

STOP Signed by notary.

Donna King
Notary Public

Form 140

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner	*v. Respondent*	
Name Anne Smith	Name Michelle Jones	File Number CN07-0550
Street Address (including Apt) 101 Oak Street	Street Address (including Apt) 123 State Street	
P.O. Box Number 123	P.O. Box Number	Petition Number 07-0223
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Dover, DE 19901	
D.O.B. 2/3/64	D.O.B. 11/12/67	
Attorney Name	Attorney Name	

1. I Michelle Jones am the ☒Mother ☐Father of the following children:

   Doug Smith, Born on 10/14/2005
   _____, Born on _____
   _____, Born on _____
   _____, Born on _____

Read all questions carefully.

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:

   ☐ The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely: _____

   ☒ Chosen Adopted Parents: Anne Smith

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

   (a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent; OR

   (b) I comply with the following instruction for revocation _____ ; OR

   (c) the agency or individual that accepted the consent and I agree to its revocation.

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).

SAMPLE

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. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
☒my right to service of process;
☐my right to notice of such a hearing;
☐my right to attend the hearing.

11. I would like to receive a copy of the final order of the Court.
☒Yes
☐No

12. ☐The attorney who is representing me in regards to this consent is _____ ,Esq. Any questions I have about this consent were answered by the attorney. If I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney by checking this box: ☒

13. I understand that I will receive a copy of my signed consent.

14. I have signed this consent voluntarily and of my own free will. I have not received any money or anything else of value in exchange for this consent.

Only sign this form in the presence of a notary or authorized person

April 4 2007 at 1:00pm (AM/PM)
Date and Time Signed

Michelle Jones
Signature of Consenting Parent

Michelle Jones
Printed Name of Consenting Parent

Location of Signing
Family Court
400Court Street
Dover, DE 19901

Mailing Address of Consenting Parent	123 State Street
Street Address	
P.O. Box Number	
City/State/Zip Code	Dover, DE 19901
Date of Birth of Consenting Parent	2/15/85

SAMPLE

TERMINATION OF PARENTAL RIGHTS
CONSENT PARTY STATEMENT

I, Michelle Jones, the ☒ mother ☐ father of Doug Smith
who was born on 10/14/05 do state that I:

1. Believe that placement of my child for adoption by Anne Smith, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of Anne Smith and Scott Smith, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Michelle Jones	*April 4, 2007*
Consenting Party	*Date*

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 *Del. C.* § 1106(c) because I am
   - ☐ A judge of a court of record;
   - ☐ An individual designated by a judge to take consents;
   - ☐ An employee designated by an agency to take consents;
   - ☐ A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
   - ☐ A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
   - ☐ An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party _____
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party ☐read/ ☐was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
   ☐ Not a minor; or
   ☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are to be transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

_____	_____	_____
Date	*Authorized Person (printed name)*	*Authorized Person (signature)*

Agency: _____
Address: _____

This Confirmation Statement is to be completed by a representative of the Court

SAMPLE

Form 420
(Rev. 6/20)

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

Anne C. Smith Petitioner,	)	File No.: CK04-0221
and	)	Petition No.: 07-1553
Michelle Jones Respondent,	)	

You must file a separate form for each respondent

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE)
Kent COUNTY) ss.

Fill in the county in which you are filing

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this date, December 15, 2005, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, Michelle Jones, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the "Servicemembers Civil Relief so acknowledges that he/she, or his/her attorney, will be required to time appear at all legal proceedings associated with the above captioned c

The "Affiant" is the respondent. ONLY the Respondent may complete this form. If you are the Petitioner in this proceeding, you may not fill out this form

Sign in the presence of a notary or Court staff

Michelle Jones
Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, December 15, 2005

Signed by notary or Court Staff

Donna King
Notary Public or Clerk of Court

Form 196
Rev 9/20

The Family Court of the State of Delaware

In and For ☐ New Castle County ☒ Kent County ☐ Sussex County

MOTION FOR CONTINUANCE

Check the County in which you are filing.

Petitioner	*Respondent*	
Name: Anne C Smith	Name: Michelle Jones	File Number: CK04-1211
Street Address (include Apt): 101 Oak Street	Street Address (include Apt): 123 State Street	
P.O. Box Number:	P.O. Box Number:	Petition Number: 04-200
City/State/Zip Code: Dover, DE 19901	City/State/Zip Code: Dover, DE 19901	
Date of Birth: 2/3/64	Date of Birth: 7/1/63	
Attorney Name:	Attorney Name:	

Write the name and date of the petition filed

Write the file and petition number if known

A PROCEEDING involving Termination of Parental Rights having been filed in this on October 1, 2004, Movant hereby moves the Court for a Continuance and, in support thereof, alleges the following facts:

1. I cannot attend the Court Proceeding scheduled on April 1, 2005 at 1:00pm due to: The respondent is having surgery on that day.
   Documentation must be attached.
2. I have contacted the opposing counsel or the opposing party if unrepresented regarding this continuance request and the following is his or her position: The petitioner agrees to reschedule the Court Proceeding.
3. This case has been scheduled for a hearing _____ times previously.

Write the date and time of the scheduled Court Proceeding

You must indicate why you are requesting a continuance. Be sure to attach documentation.

If you have a conflict with another case in this or any other Court, you need to attach a copy of that notice. Pursuant to Civil Rule 40, you must also provide the following information:

i. the reasons why the conflict cannot be resolved;
ii. the relative importance of the conflicting cases;
iii. the relative inconvenience of the parties, witnesses, and other person if a continuance is granted;
iv. the dates on which each court scheduled the case and whether the court which created the scheduling conflict was aware that a conflict was being created; and
v. other information which will be helpful to the judicial officer in deciding which of the conflicting matters should take precedence.

Only sign in the presence of a Notary or Clerk of the Court

SWORN TO AND SUBSCRIBED before me this date,

March 3, 2005

Michelle Jones
Movant/Attorney

Donna King
Clerk of Court/ Notary Public

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date March 3, 2005, and sent to the other party or attorney at the address listed on the petition, being 101 Oak Street Dover, DE 19901 ge pre-paid.

Only sign in the presence of a Notary or Clerk of the Court

SWORN TO AND SUBSCRIBED before me this date,

March 3, 2005

Michelle Jones
Movant/Attorney

Donna King
Clerk of Court/ Notary Public

Form 405

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.

Petitioner	Respondent	
Name: Anne C. Smith	Name: Michelle Jones	File Number: CK04-1211
Street Address: 101 Oak Street	Street Address: 123 State Street	
P.O. Box Number: Apt #123	P.O. Box Number:	Petition Number: 07-1553
City/State/Zip Code: Dover, DE 19901	City/State/Zip Code: Dover, DE 1991	
Date of Birth: 2/3/1964	Date of Birth: 11/12/1967	
Attorney Name: none	Attorney Name: none	

Fill in the county where you are filing.

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE)
) ss.
Kent COUNTY)

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this date, January 6, 2006, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, Anne C. Smith, ("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 § 521 o Servicemembers Civil Relief Act (50 USCS App. § 501 et seq)

Sign in the presence of a notary or court staff <u>on the day</u> of your hearing

Anne C. Smith
Affiant

SWORN TO AND SUBSCRIBED before me this date, January 6, 2006

Signed by the notary or court staff

Donna King
Clerk of Court/Notary Public