

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of: \_\_\_\_\_ :  
 :  
 : C.M. #: \_\_\_\_\_  
A person with an alleged disability :

**WAIVER OF NOTICE AND CONSENT**

I, \_\_\_\_\_, whose relationship to the  
person with an alleged disability is that of \_\_\_\_\_  
(e.g. mother, brother), hereby waive my right to notice of the hearing and hereby  
consent to the appointment of \_\_\_\_\_ as guardian(s) of  
the (check all that apply)  person (to make his/her medical decision)  
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