SAMPLE Form 202
Rev 1/24 v1.01

Check the county in which you are filing.

The Family Court of the State of Delaware

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

GUARDIANSHIP AFFIDAVIT OF CONSENT OF A CHILD'S PARENT

File Number: CK16-98765 Petition Number:

Petitioner	
Name:	Anne C. Smith
Street Address:	101 Oak Street
Apartment:	#123
P.O. Box Number:	
City/State/Zip Code:	Dover, DE 19901
Date of Birth:	02/03/1984

Respondent	
Name:	Michelle Jones
Street Address:	490 Pine Street
Apartment:	
P.O. Box Number:	
City/State/Zip Code:	Wilmington, DE 19899
Date of Birth:	07/13/1985

2nd Petitioner (if any)	
Name:	Scott R. Smith
Street Address:	101 Oak Street
Apartment:	#123
P.O. Box Number:	
City/State/Zip Code:	Dover, DE 19901
Date of Birth:	03/14/1983

Each Respondent who consents to the guardianship must complete a separate form.

2nd Respondent (if any)	
Name:	Steven Harding
Street Address:	490 Pine Street
Apartment:	
P.O. Box Number:	
City/State/Zip Code:	Wilmington, DE 19899
Date of Birth:	09/14/1981

BE IT REMEMBERED, that Michelle Jones, ("Affiant"), on this date 12/08/2016 being duly sworn by me according to the law, personally appeared before me, a Notary Public for the State and County aforesaid, and declared by:

Fill in the date you have the form notarized.

- **Please initial by each statement.**

1. MJ I am the Respondent in the above captioned matter involving my child:

   Child's Full Name: Douglas A. Smith
   Child's Date of Birth: 10/12/2012

2. MJ 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.
3. MJ I agree that the guardianship is necessary for the reason(s) listed on the petition.
4. MJ I understand that by agreeing to the reason(s) for the guardianship if I later seek to rescind (end) the guardianship, I will be required to show that the guardianship is no longer needed for that reason(s).

Initial each line in the presence of a notary.

5. MJ 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.
6. MJ 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.
7. MJ I understand that the Court may appoint counsel to indigent respondents in guardianship cases. I freely and voluntarily waive my right to counsel.
8. MJ 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 before me this date, 12/08/2016

Signed in the presence of a notary.

Donna King
Donna King
Notary Public/Clerk of Court

Michelle Jones
Affiant

Signed by a notary or court staff.