

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery
Kent County
38 The Green, Ste. 208
Dover, DE 19901
302-735-1930

Register in Chancery
New Castle County
500 N. King Street, Ste. 11600
Wilmington, DE 19801
302-255-0544

Register in Chancery
Sussex County
34 The Circle
Georgetown, DE 19947
302-856-5775

Procedures for filing a Petition to Initiate Monthly Allotment

- The petition to initiate monthly allotment requires the following:
 - A completed petition. The court clerk cannot complete the petition for you. The guardian's(s') signature must be notarized. If you appear in the Register's Office with identification and the correct paperwork, your signature(s) can be notarized by a court clerk in the Register's Office.
 - A copy of the guardianship bank statement(s) dated within the thirty days prior to filing the petition.
 - Supporting documentation. Provide any receipts, bills or invoices to show why a monthly allotment is necessary.
 - The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to "Register in Chancery").
- It is the petitioner's responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery's office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

Petition to Initiate Monthly Allotment

1. Name of guardian(s): _____

2. Date guardian was/were appointed: _____

3. Information about the guardianship bank account(s)

a. Name of bank(s) where guardianship account(s) is/are:

b. Current net balance of all assets owned by the person with a disability:

3. I/We have found that the person with a disability has ongoing monthly expenses in the amount of \$ _____ for _____

_____.

4. I/We respectfully request the Court to authorize a monthly allotment of \$ _____ from the guardianship account at _____

[Name of bank where money will be withdrawn from], account number ending in _____ [last four digits of the account number].

Guardian's signature

Co-Guardian's signature

Complete address

Complete address

Complete address

Complete address

Phone Number

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

