

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

**Affidavit of Proposed Guardian's History**

Each proposed guardian must complete a separate form.

Name of person with an alleged disability/minor: \_\_\_\_\_

Name of proposed guardian: \_\_\_\_\_

1. Have you ever declared bankruptcy?  Yes  No  
If yes, when? \_\_\_\_\_ what type? \_\_\_\_\_
  
2. Have you ever been convicted of a misdemeanor?  Yes  No  
If yes, describe which misdemeanor, when and in what jurisdiction you were convicted (e.g. State, County and Police Department). \_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been convicted of a felony?  Yes  No  
If yes, describe which felony, when and in what jurisdiction you were convicted (e.g. State, County and Police Department). \_\_\_\_\_  
\_\_\_\_\_
  
4. I give the State of Delaware permission to conduct a criminal background check on me at any time during the consideration of my petition for guardianship and, if granted, at any time during the period I am guardian. I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

Proposed guardian's signature: \_\_\_\_\_

Signature section for notary public or Court of Chancery staff

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [Name of affiant].

\_\_\_\_\_  
Notary Public/Chancery Court Clerk