

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 Expend for a Person with a Disability

- The petition to expend requires the following:
 - A completed petition. The court clerk cannot complete the petition for you. The guardian's(s') signature(s) 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, invoices and other documentation that detail the expenses for which you are petitioning.
 - 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.
- As part of the order, the guardian(s) will be responsible to file all receipts within twenty days with the Register in Chancery. If the guardian(s) fail(s) to file the proper receipts, all future petitions may be denied. If approved, the order to expend will require the bank to issue a check made payable directly to the company.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

PETITION TO EXPEND

1. Name of guardian(s): _____.
2. Date guardian(s) 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:

4. Information about the money being requested:
 - a. Total amount requested: \$ _____
 - b. The money will be used for the following reason(s): _____

 - c. The money will be withdrawn from the guardianship account at
_____ [Name of bank where the money
will be withdrawn from], account number ending in _____
[Last four digits of the account number].

5. I/We understand if the order to expend is approved, I/we will be responsible for filing all receipts within twenty days of the court order.

Guardian's signature

Co-Guardian's signature

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