

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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| 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, 7th Floor Wilmington, DE 19801 302-255-0544 | Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5777 |
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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.
 - A copy of the guardianship bank statement(s) dated within the thirty (30) 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”).
- The petitioner is responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- 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 petition, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.
- 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 will be responsible to file all receipts within twenty days with the Register in Chancery. If the guardian fails 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.

| Signature section for guardian | Signature section for any co-guardian |
|---|---|
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. |
| Date: _____ | Date: _____ |
| Print name: _____ | Print name: _____ |
| Signature: _____ | Signature: _____ |
| Address: _____ _____ | Address: _____ _____ |
| Phone Number: _____ | Phone Number: _____ |

Instructions for Notifying Interested Parties of Petition

It is the petitioner's responsibility to notify the interested parties when a petition is filed with the Court.

How to Notify the Interested Parties

Option 1 – Consent

Any interested party may sign a copy of the attached "Consent" form.

Option 2 – Send Notice

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the court will consider the petition. This ensures that all interested parties have adequate time to contact the court with any questions they may have or file any objection to the petition.

Unknown Address of an Interested Party

If you do not know the address of an interested party, you must make reasonable efforts to locate it. If you are unable to locate the address, file an Affidavit of Efforts to Locate Address of Interested Party (Form CM6) with the court.

- File a separate affidavit for each interested party whose address is unknown.
- If a Form CM 6 has already been filed for an interested party, you do not need to file another one.
- If you later learn the interested party's address, promptly notify the court.

Form CM6 is available from the Register's Office or on the court's website.

Documents to File with the Court

You must file the following documents with the court before the petition will be reviewed by a Judicial Officer:

- a. Any consent forms,
- b. The attached "Certificate of Mailing" (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

Consent of Interested Party to Petition to Expend

I, _____ [Name of interested party], whose
relationship to the person with a disability is that of _____
(*e.g.* mother, brother), consent to the petition to expend.

I declare under penalty of perjury under the laws of Delaware that the foregoing is
true and correct.

Date: _____

Print Name: _____

Signature: _____

Address: _____

Phone Number: _____

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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 St., 7th Floor
Wilmington, DE 19801
302-255-0544

Register in Chancery
Sussex County
34 The Circle
Georgetown, DE 19947
302-856-5777

In the matter of:

_____,
A person with a disability

:
:
:
:
:

C.M. #: _____

Notice of Petition to Expend

Dear Interested Parties:

This is a notice that I am/we are filing a petition to expend \$ _____
from the guardianship account of the person with a disability for the following
reason(s): _____.

Notice is being sent to you as an interested party.

If you object to the petition, you must immediately file a written objection
with the Register in Chancery’s Office that has been marked above. If you do not
file a written objection within **thirteen (13) days** of the date of this notice, any
objections will be deemed waived.

Petitioner’s signature: _____

Co-Petitioner’s signature: _____

Date: _____

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

Certificate of Mailing to Petition to Expend

The guardian(s) mailed the "Notice of Petition to Expend" on _____ [date] to the following interested parties:

| Name of Interested Parties | Address of Interested Parties |
|----------------------------|-------------------------------|
| | |
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| | |

| Signature section for guardian | Signature section for any co-guardian |
|---|---|
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. |
| Date: _____ | Date: _____ |
| Print name: _____ | Print name: _____ |
| Signature: _____ | Signature: _____ |