

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

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

Procedures for filing a Petition to Reinvest for a Person with a Disability

- The petition to reinvest 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.
 - 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 for filing a proof of compliance within thirty (30) days. There will be a \$2.00 per page fee to pay for the proof of compliance to be scanned.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

Petition to Reinvest

1. Name of guardian(s): _____

2. Date guardian(s) was/were appointed: _____

3. Information about the current bank account:

a. The guardian(s) opened a guardianship _____ [type of account, i.e. checking, savings] account at _____ Bank.

b. The guardianship order permits monthly expenditures up to \$ _____ [monthly allotment amount per court order] out of the guardianship account(s).

4. I/We request the Court to authorize

a. The transfer of \$ _____ [how much money will be transferred]

b. From the guardianship _____ [type of account, i.e. checking, savings] account at _____ Bank with the account number ending in _____ [last four numbers of the account the money will be transferred from]

c. To a guardianship _____ [type of account money will be moved into, i.e. checking, savings] account at _____ Bank [name of the bank where the money will be moved to].

5. I/We understand proof of the reinvestment will need to be filed with the Register in Chancery's Office within thirty days of the date 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 Reinvest

I, _____, whose relationship to the
person with a disability is that of _____ (e.g.
mother, brother), hereby consent to the petition to reinvest.

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

Date: _____

Print Name: _____

Signature: _____

Address: _____

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

Notice of Petition to Reinvest

Dear Interested Parties:

This is a notice that I am/we are filing a petition to reinvest funds from the person with a disability from _____ Bank to _____ Bank. 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 Reinvest

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

Name of Interested Parties	Address of Interested Parties

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: _____