

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 Add a Co-Guardian

- The petition to add a co-guardian requires the following:
 - A completed petition. The court clerk cannot complete the petition for you. The petitioner'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.
 - The person who wishes to be added as co-guardian must complete the enclosed personal information sheet and affidavit of proposed guardian's history.
 - The filing fee for the petition is \$60.00 plus an additional \$2.00 per page scanning fee. Payment must be received at the time of filing, or the petition will not be accepted by our office. We accept cash, check or money order (made payable to "Register in Chancery"). 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.
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by certified mail. Please review the enclosed instruction sheet for additional instructions on notifying the interested parties.
- Please call the respective county in which you filed the petition should you have any questions.
- There is additional information and forms available on the Court's website at <https://courts.delaware.gov/chancery/guardianship/index.aspx>.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 :
 : C.M. # _____
A person with a disability _____ :

PETITION TO ADD A CO-GUARDIAN

1. Name of current guardian(s): _____

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

3. Name of person to be added as co-guardian: _____

4. Information about the person who wishes to be added as co-guardian:

a. Current address(es): _____

b. Telephone Number(s): _____

c. Relationship to person with a disability: _____

5. Information about the person with a disability:

a. Date of birth: _____

b. Current address: _____

c. Permanent address: _____

6. The names and addresses of any potentially interested party which includes the spouse, any next-of-kin who would be entitled to inherit through the estate of the person with a disability if that person died intestate, any person acting for or named by the person with a disability as a fiduciary, executor or beneficiary in a power of attorney or testamentary instrument, or named as an agent in an advanced health care agreement or other health care proxy, any person primarily responsible in the past six months for the care of the person or finances of the person with a disability, and the house manager if the person with a disability is residing in a group home. If an interested party is a minor, please provide the name and contact information for the minor's parent or other guardian as the parent or guardian will require notice.

Name of next-of-kin	Relationship to person with a disability	Address and Phone number of next-of-kin	Age

7. The reason the current guardian is requesting a co-guardian be appointed:

8. The person with a disability currently receives the following income each month: _____

(List the amount of income and the source of the income, *e.g.* social security, pension, etc.)

9. The total property handled by the guardian(s) is \$_____.

- a. Attached is/are the current bank statement(s) in which the assets of the person with a disability are held or
- b. The current guardian does not hold any assets for the person with a disability.

10. The guardian(s)

- a. Is/Are required to file accountings and the last accounting was filed on _____ or
- b. Was/Were relieved of the requirement of filing accountings by Court Order dated _____.

WHEREFORE, Petitioner(s) requests that this Court appoint

_____ as co-guardian of the person and
property of the person with a disability.

Signature of Co-Petitioner
(if applicable)

Signature of Petitioner

Address: _____

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

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 :
 : C.M. # _____
A person with a disability :

CONSENT TO ADD A CO-GUARDIAN

I, _____ [Name
of current guardian], affirm that the facts stated in the foregoing Petition for
Appointment of a Co-Guardian are true and I consent to the appointment of
_____ [Name of person to be added as co-guardian] to
serve as co-guardian of the person and property of the person with a disability.

Guardian's signature

Address: _____

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

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 :
 : C.M. # _____
A person with a disability :

CONSENT TO SERVE AS CO-GUARDIAN

I, _____ [Name
of person to be added as co-guardian], affirm that the facts stated in the foregoing
Petition for Appointment of a Co-Guardian are true and I am willing to serve as co-
guardian of the person and property of the person with a disability.

Proposed co-guardian's signature

Address: _____

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

**COURT OF CHANCERY
PERSONAL INFORMATION SHEET**

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form and use separate contacts on page two of this form.

In the matter of: _____, a person with an alleged disability/minor

Social Security Number: _____ Date of Birth: _____

Date this form is completed: _____

In connection with the above matter, I have applied to the Court of Chancery to be appointed as guardian of the person with an alleged disability/minor named above. I understand that I must complete this form in full or my guardianship petition may be denied. In order to provide the Court with sufficient information to determine my qualification to serve as guardian and to assist the Court in assuring that the Court's staff will always be able to locate and make contact with me, the following information and consent is given:

Proposed Guardian's current full name: _____

Proposed Guardian's physical address: _____

Proposed Guardian's mailing address (if different): _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____ E-mail address: _____

Date of birth: _____ Social Security number: _____

Driver's License number and State: _____

Place of employment and address: _____

Name of supervisor and telephone number: _____

Name/Address/Telephone number of spouse (if not a co-petitioner/co-guardian):

Contacts: List the information for two people who should always be able to locate or contact you and do not live at the same address as each other or the petitioner(s). If there is more than one proposed guardian, separate contacts must be listed

1. Name: _____

Address: _____

Phone number: _____ Relationship: _____

2. Name: _____

Address: _____

Phone number: _____ Relationship: _____

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorney(s) to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the person with an alleged disability or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court's staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the person with an alleged disability or minor over whom guardianship has been established.

Proposed Guardian's signature

STATE OF _____ :

COUNTY OF _____ :

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

Notary Public/Chancery Court Clerk

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

A person with an alleged disability/Minor: _____

AFFIDAVIT OF PROPOSED GUARDIAN’S HISTORY

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form.

Proposed Guardian’s Name: _____

1. Have you ever declared bankruptcy? Yes No

If so, when? _____

If so, what type? _____

2. Have you ever been convicted of a misdemeanor? Yes No

If so, 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 so, 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.

STATE OF _____ :

COUNTY OF _____:

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

Notary Public/Chancery Court Clerk

Proposed guardian’s signature

**INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF
PETITION TO ADD A CO-GUARDIAN**

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court. This includes notifying all of the parties you listed on number five (5) of your petition.

Each interested party may sign and have notarized a copy of the attached "Consent to Petition". If any interested party does not sign the consent form, you must send them via certified mail, return receipt requested, a "notice of petition" and a copy of your petition.

You must file the following documents with the Court:

- a. Any and all notarized consent forms,
- b. The attached "Affidavit of Mailing" for any notices mailed to individuals who did not sign a consent form, and
- c. The certified mail return receipts and/or the green cards that have been returned to you.

Any interested party who has not signed a notarized consent must receive notice of your petition by certified mail at least thirteen (13) days before the Court will consider your 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.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with the Register's Office.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
 :
 : C.M. # _____
A person with a disability _____ :

CONSENT TO PETITION TO ADD A CO-GUARDIAN

I, _____ [Name of interested party], whose relationship to the person with a disability is that of _____ (e.g. mother, brother) hereby consents to the petition to add _____ [Name of person to be added as co-guardian] as the co-guardian of the (check all that apply) person (to make his/her medical decision) and/or property (to make his/her financial decisions) of the person with a disability without further notice.

Interested Party's signature

Address: _____

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

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38 The Green, Ste. 208
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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

IN THE MATTER OF: _____ :
 :
 : C.M. # _____
A person with a disability :

NOTICE OF PETITION TO ADD A CO-GUARDIAN

Dear Interested Parties:

This is a notice that I am/we are applying to add _____
as co-guardian of the person (to make his/her medical decisions) and/or
 property (to make his/her financial decisions) of the person with a disability. If
you object to the petition, you must immediately contact the Register in
Chancery’s Office that has been marked above within thirteen (13) days of the date
of this notice.

Petitioner’s Signature

Co-Petitioner’s Signature

Dated: _____

If I subsequently locate the missing interested party, I will notify the Court of his/her address.

Petitioner

Co-Petitioner

STATE OF _____ :

COUNTY OF _____ :

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

Notary Public/Chancery Court Clerk

faithful performance of his/her duties as co-guardian, and shall be filed within seven (7) days of the date of this Order. No copy of the final order will be released until a bond is filed. Any person or entity presented with a valid order from the Court may use that order as proof that the bond has been executed and filed.

4. The guardians are relieved of the requirement of opening a guardianship account, filing an inventory and filing annual accountings. However, if the person with a disability earns more than \$1,000.00 in any given month, other than Social Security benefits, the guardians shall report the earnings to the Court within thirty (30) days for further review. If, in the future, the guardians come into possession of additional funds or property belonging to the person with a disability or the person with a disability becomes gainfully employed, the guardians shall notify the Court and account for such funds or property as the Court may then direct.

5. The co-guardians shall file an annual update and medical statement with the Register in Chancery every year which is due on or before the first business day of the calendar quarter in which the original guardian was appointed pursuant to Chancery Rule 180(B). The annual update and medical statement shall include the current mailing address of the person with a disability and guardians, and a current medical statement from an approved medical practitioner setting forth the current medical status of the person with a disability and addressing the need for continued guardianship.

6. In the event of the death of the person with a disability, the co-guardians shall notify the Office of Register in Chancery within ten (10) days.

7. The Register in Chancery of this Court is appointed agent of the co-guardians to accept service of process on behalf of the co-guardians as to any claim arising out of the guardianship if, by reason of the co-guardians' absence from this State, they cannot be served.

8. If the person with a disability becomes Medicaid qualified, the co-guardians shall provide proof of that qualification and a copy of any signed trust instrument with the Register in Chancery's Office within thirty (30) days.

9. An order from the Court of Chancery is required to authorize the opening of any safe deposit box of the person with a disability and to sell or encumber any real property of the person with a disability.

Chancellor/Vice Chancellor/Master

of the State of Delaware in the amount of \$_____ without surety as a condition for the faithful performance of his/her duties as co-guardian, and shall be filed within seven (7) days of the date of this Order. No copy of the final order will be released until a bond is filed. Any person or entity presented with a valid order from the Court may use that order as proof that the bond has been executed and filed.

4. The guardians appointed herein are granted such powers, rights and duties which are necessary to protect, manage and care for the person and property of the person with a disability as provided for in 12 Del. C., Ch. 39.

5. _____ and _____, as co-guardians, shall re-title the existing guardianship account(s), or close the existing account(s) and open a new guardianship account at _____. All income must be directed to that account as soon as practicable, and all assets must be placed in that account unless the assets are held in a Miller Trust or other similar trust. Bank accounts not held in trust must be closed and the balance of the account transferred to the guardianship account. The account(s) shall be titled "COURT OF CHANCERY, GUARDIANSHIP ACCOUNT FOR _____, _____ and _____, CO-GUARDIANS, WITHDRAWALS ONLY BY ORDER OF THE COURT" except that the co-guardians may withdraw up to \$_____ total per month without

further notice of the Court. Otherwise, the co-guardians may not make any withdraws from the account without first having a Court Order to do so.

6. An inventory is due within thirty (30) days of the date of this order.

7. The co-guardians shall file an accounting on or before the first business day of the calendar quarter in which the original guardian was appointed pursuant to Court of Chancery Rule 114 and at any other time the Court shall direct as required by the Rules of this Court.

8. The co-guardians shall file an annual update and medical statement with the Register in Chancery on or before the first business day of the calendar quarter in which the original guardian was appointed pursuant to Court of Chancery Rule 180(B) and at any other time the Court shall direct. The annual update and medical statement shall include the current mailing address of the person with a disability and both guardians, and a current medical statement from an approved medical practitioner setting forth the current medical status of the person with a disability and addressing the need for continued guardianship.

9. In the event of the death of the person with a disability, the co-guardians shall notify the Office of Register in Chancery within ten (10) days.

10. The co-guardians shall within thirty (30) days submit proof to the Register in Chancery that the terms of this Order have been complied with and the bank

account(s) provided for in this Order has/have been opened in accordance with the provisions of this Order.

11. The Register in Chancery of this Court is appointed agent of the co-guardians to accept service of process on behalf of the co-guardians as to any claim arising out of the guardianship if, by reason of the co-guardians' absence from this State, they cannot be served.

12. If the person with a disability becomes Medicaid qualified, the co-guardians shall provide proof of that qualification and a copy of any signed trust instrument with the Register in Chancery's Office within thirty (30) days.

13. An order from the Court of Chancery is required to authorize the opening of any safe deposit box of the person with a disability and to sell or encumber any real property of the person with a disability.

Chancellor/Vice Chancellor/Master