

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR GUARDIANSHIP OF A MINOR

Petitioner

Name

Name

Respondent

File Number

D.O.B.

D.O.B.

Street Address

Street Address

P.O. Box Number

P.O. Box Number

Petition Number

City/State/Zip Code

City/State/Zip Code

Phone Number

Phone Number

If a hearing is scheduled in this matter, will Petitioner need an interpreter? Yes (If yes, specify language

) No

Attorney Name

Attorney Name

If a hearing is scheduled in this matter, will Respondent need an interpreter? Yes (If yes, specify language _____) No

2nd Petitioner (if any)

2nd Respondent (if any)

Name

Name

D.O.B.

D.O.B.

Street Address

Street Address

P.O. Box Number

P.O. Box Number

City/State/Zip Code

City/State/Zip Code

Phone Number

Phone Number

If a hearing is scheduled in this matter, will Guardian Ad Litem need an interpreter? Yes (If yes, specify language

) No

Relation to Child(ren)

Relation to Child(ren)

Attorney Name

Attorney Name

If a hearing is scheduled in this matter, will Respondent need an interpreter? Yes (If yes, specify language _____) No

Name _____

D.O.B.

Street Address

P.O. Box Number

City/State/Zip Code

Phone Number

Attorney Name

Guardian Ad Litem (if any)

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants guardianship. Attach additional sheets if necessary.)

	Child's Name	1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):
	Child's Date of Birth	
NAME	Child's Place of Birth (City, State)	
Address		

	Child's Gender (Check one)	
Date of Birth		

MOTHER

FATHER

Male Female

Male Female

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

Male Female

➤ I have attached to this Petition the following affidavits:

Affidavit that a Party's Address is Unknown

3. Name(s) of the person(s) or organization **holding parental rights** of the child(ren):

Address of person(s) or organization:

4. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren):

Address of person(s) or organization if address is different from address of Petitioner(s):

5. Name(s) of the person(s) **to whom guardianship** shall be vested if this Petition is granted

Address of person(s) or organization if address is different from address of Petitioner(s):

6. Proposed guardian(s)' relationship to child(ren) if proposed guardian is **NOT** the Petitioner: _____

7. Please check all that apply:

The following child(ren) is/are not yet 14 years of age or older:

OR

The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition
(Attach Affidavit of Consent executed by each child(ren) who consents) Name(s) of
child(ren) 14 years of age or older who consent(s):

The child(ren) is/are 14 years of age or older does/do NOT consent to (agree with) this
Petition. Name(s) of child(ren) 14 years of age or older who do NOT consent:

8. I am filing this petition because: (Check ALL that apply)

The child(ren)'s parent(s) agree that I/we should become the guardian(s) of the child(ren)
(Attach an Affidavit of Consent executed by the parent(s) who agree).

The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)

The child(ren) is/are dependant and/or neglected based on the following reason(s):

WHEREFORE, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren).

Petitioner

Date

2nd Petitioner (if any)

Date

Sworn to subscribed before me:

Sworn to subscribed before me:

Clerk of Court/Notary Public

Date

Clerk of Court/Notary Public

Date