The Family Court of the State of Delaware

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

**PETITION FOR THIRD-PARTY VISITATION**

## Petitioner Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Name |  | Name |  | File Number |
|        |  |       |  |  |
| D.O.B. |  | D.O.B. |  |       |
|       |  |       |  |  |
| Street Address (including Apt) |  | Street Address (including Apt) |  | Petition Number |
|       |  |       |  |  |
| P.O. Box Number |  | P.O. Box Number |  |       |
|       |  |       |  |  |
| City/State/Zip Code |  | City/State/Zip Code |
|        |  |        |
| Home Phone Number Work Phone Number |  | Home Phone Number Work Phone Number |
|             |  |             |
| Relation to Child(ren) |  | Relation to Child(ren) |
|       |  |       |
| Interpreter needed? [ ]  Yes [ ]  No |  | Interpreter needed? [ ]  Yes [ ]  No |
| Language       |  | Language       |

*2nd Petitioner (if any) 2nd Respondent (if any)*

|  |  |  |
| --- | --- | --- |
|  Name |  | Name |
|        |       |
| D.O.B. | D.O.B. |
|       |       |
| Street Address (including Apt) | Street Address (including Apt) |
|       |       |
| P.O. Box Number | P.O. Box Number |
|       |       |
| City/State/Zip Code | City/State/Zip Code |
|        |        |
| Home Phone Number Work Phone Number | Home Phone Number Work Phone Number |
|             |             |
| Interpreter needed? [ ]  Yes [ ]  No |  | Interpreter needed? [ ]  Yes [ ]  No |
| Language       |  | Language       |  |

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child with whom visitation is sought.** Attach additional sheets if necessary.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | Child’s Date of Birth |  | Child’s Place of Birth(City, State) |  | Child’s Gender (Check one) |
|       |       |       | [ ]  Male [ ] Female |
|       |       |       | [ ]  Male [ ] Female |
|       |       |       | [ ]  Male [ ] Female |

1. Complete the table below regarding the child(ren)’s parents (individuals holding parental rights):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | NAME |  | Address |  | Date of Birth |  |
| MOTHER |       |       |       |
| FATHER |       |       |       |

1. 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.

|  |
| --- |
|       |
|       |
|       |
|       |

* Attached to this Petition is the following affidavit in support of my answer to section 2:

**[ ]  Affidavit that a Party’s Address is Unknown**

 3. I am eligible for visitation because:

**[ ]** I have a substantial and positive relationship with the child; AND/OR

**[ ]** I am a grandparent, aunt, uncle or adult sibling of the child

[ ]  I am a Guardian ad litem petitioning on behalf of a child against the child’s parent. Guardian and/or DSCYF and the adult person with whom visitation is sought consents to visitation with the child and has a substantial and positive prior relationship with the child or is a grandparent, aunt, uncle or adult sibling of the child.

[ ]  I am a Guardian ad litem petitioning on behalf of a child seeking visitation with another child with whom they have at least one parent in common.

|  |
| --- |
| **4. Complete this section only if you are a parent or relative of a parent whose parental rights have been terminated.** * I am a parent or relative of a parent whose parental rights have been terminated and:

[ ]  More than 3 years have passed since the termination of parental rights order was entered and the child has not been adopted; or [ ]  The adoptive parents previously entered into a written notarized agreement or court approved agreement for continued visitation [ ]  A copy of the agreement is attached to this petition. |

1. In support of my petition I allege the following:

[ ]  Third party visitation is in the best interest of the child(ren).

[ ]  At least one of the following is true as to each parent:

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| The parents consent to the visitation | [ ]  | [ ]  |
| The child is dependant, neglected or abused in the parent’s care | [ ]  | [ ]  |
| The parent is deceased | [ ]  | [ ]  |
| The parent objects to the visitation  | [ ]  | [ ]  |

1. If the parent objects to the visitation:

I allege that the objection is unreasonable and the visitation will not substantially interfere with the parent/child relationship.

**VERIFICATION**

**STATE OF DELAWARE )**

 **) ss.:**

**COUNTY OF**       **)**

 **\_**     **\_\_, being duly sworn, says:**

 **I am the Petitioner in this action. I have read the above Petition and know to the best of my knowledge that the facts contained therein are true.**

 **Petitioner 1**

 **Petitioner**

**Subscribed and sworn before me on this date,**

 **Date** **Notary Public**