**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES/ DIVISION OF FAMILY SERVICES | | |  | | | | File No.: |  | | | | |
| Petition No.: |  | | | | |
| Petitioner | | |  | | | |  | | | | | |
| V. | | |  | | | |  | | | | | |
|  | | |  | | | |  | | | | | |
|  | | | (DOB: | |  | | | | ) |  | | |
|  | | | (DOB: | |  | | | | ) |  | | |
|  | | | (DOB: | |  | | | | ) |  | | |
| Respondent(s) | | |  | |  | | | | | | | |
|  | | |  | |  | | | | | | | |
| IN THE INTEREST OF (include last name): | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name |  | DOB | |  | | Name | | | | |  | DOB | |
|  |  |  | |  | |  | | | | |  |  | |
| Name |  | DOB | |  | | Name | | | | |  | DOB | |
|  |  |  | |  | |  | | | | |  |  | |
| Name |  | DOB | |  | | Name | | | | |  | DOB | |
|  |  |  | |  | |  | | | | |  |  | |
| Name |  | DOB | |  | | Name | | | | |  | DOB | |
|  |  |  | |  | |  | | | | |  |  | |

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| --- | --- | --- | --- | --- | --- |
| **PRAECIPE IN DEPENDENCY/NEGLECT PETITION FOR CUSTODY** | | | | | |
|  | | | | | |
| TO: Clerk of Court: | | | | | |
|  | | | | | |
| Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses: | | | | | |
|  | | | | | |
| Respondent 1: | | | | | | |
| Name: |  |  | Street Address: | |  | |
| PO Box: |  |  | | City/State/ZIP: |  | |
| Email: |  |  | | | | |
| Respondent 2: | | | | | | |
| Name: |  |  | Street Address: | |  | |
| PO Box: |  |  | | City/State/ZIP: |  | |
| Email: |  |  | | | | |
| Respondent 3: | | | | | | |
| Name: |  |  | Street Address: | |  | |
| PO Box: |  |  | | City/State/ZIP: |  | |
| Email: |  |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Hours likely to be served: |  |  | Unknown |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  |  |  |  |  |
|  |  |  | Attorney/Petitioner Print Name |  | Attorney/Petitioner Signature |



**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPENDENCY/NEGLECT PETITION FOR CUSTODY** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | *Petitioner* | |  |  | *Respondent 1* | | | | |  |  |
| DFS/Worker Name | | | |  | Name | | | | | |  | File Number |
|  | | | |  |  | | | | | |  |
|  |  | | 92 Christina Road  New Castle, DE 19720 |  | D.O.B. | | | | Phone Number | |  |  |
|  |  | | | |  | |  |
|  |  | | 821 Silver Lake Blvd  Dover, DE 19904 |  | Street Address (Including Apt) | | | | | |  | Petition Number |
|  |  | | | | | |  |
|  |  | | Georgetown Service Center  546 South Bedford Street  Georgetown, DE 19946 |  | P.O. Box Number | | | | | |  |  |
|  |  | | | | | |  |
| Attorney Name | | | |  | City/State/ZIP Code | | | | | |  |  |
|  | | | |  |  | | | | | |  |  |
|  | | | |  | Attorney Name | | | | | |  |  |
|  | | | |  |  | | | | | |  |  |
|  | | | |  | Interpreter Needed? | | | Yes | | No |  |  |
|  | | | |  | Language: | |  | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Respondent 2* | | | | |  |  | *Respondent 3* | | | | |  |  |
| Name | | | | | |  | Name | | | | | |  |  |
|  | | | | | |  |  | | | | | |  |  |
| D.O.B. | | | | Phone Number | |  | D.O.B. | | | | Phone Number | |  |  |
|  | | | |  | |  |  | | | |  | |  |  |
| Street Address (Including Apt) | | | | | |  | Street Address (Including Apt) | | | | | |  |  |
|  | | | | | |  |  | | | | | |  |  |
| P.O. Box Number | | | | | |  | P.O. Box Number | | | | | |  |  |
|  | | | | | |  |  | | | | | |  |  |
| City/State/ZIP Code | | | | | |  | City/State/ZIP Code | | | | | |  |  |
|  | | | | | |  |  | | | | | |  |  |
| Attorney Name | | | | | |  | Attorney Name | | | | | |  |  |
|  | | | | | |  |  | | | | | |  |  |
| Interpreter Needed? | | | Yes | | No |  | Interpreter Needed? | | | Yes | | No |  |  |
| Language: | |  | | | |  | Language: | |  | | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IN THE INTEREST OF (include last name): | | | | |
| Name | D.O.B. |  | Name | D.O.B. |
|  |  |  |  |  |
| Name | D.O.B. |  | Name | D.O.B. |
|  |  |  |  |  |
| Name | D.O.B. |  | Name | D.O.B. |
|  |  |  |  |  |
| Name | D.O.B. |  | Name | D.O.B. |
|  |  |  |  |  |

Have all the child(ren) named in the Petition continually resided with one another?  Yes  No

Address(es) where the Child(ren) have resided for the past twelve (12) months beginning with current address.

**If the address where the child(ren) currently reside(s) is a confidential address in Family Court DO NOT provide the address on this form. Instead, mark the fields as CONFIDENTIAL.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address |  | City |  | State | |  | Zip Code | |
|  |  |  |  |  | |  |  | |
|  |  |  |  |  | | |  | |
| Dates Child(ren) resided at this address: |  |  | to | | present. | | |  | |
|  |  |  |  |  | | | | | |
| Address where child(ren) previously resided |  | City |  | State | |  | Zip Code | | |
|  |  |  |  |  | |  |  | | |
|  |  |  |  |  | | |  | | |
| Date(s) child(ren) lived there: |  |  | to | |  | | | . | |
|  |  |  |  |  | | | | | |
| Address where child(ren) previously resided |  | City |  | State | |  | Zip Code | | |
|  |  |  |  |  | |  |  | | |
|  |  |  |  |  | | |  | | |
| Date(s) child(ren) lived there: |  |  | to | |  | | | . | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Petitioner is aware of other Court actions such as Protection from Abuse, Termination of Parental Rights, | | | | | | |
|  | Guardianship, Adoption, or past Dependency/Neglect Petitions that could affect this petition. *If you check* | | | | | | |
|  | *this box, complete information below.* | | |  |  | | |
|  |  | | |  |  | | |
| Type of action (e.g., Guardianship, TPR, other) | |  | Person who filed the action | | |  | State |
|  | |  |  | | |  |  |
|  | | |  | | |  |  |
| Court | |  | Case Number | | |  | Date of Order |
|  | |  |  | | |  |  |
|  | | |  | | |  |  |
| Type of action (e.g., Guardianship, TPR, other) | |  | Person who filed the action | | |  | State |
|  | |  |  | | |  |  |
|  | | |  | | |  |  |
| Court | |  | Case Number | | |  | Date of Order |
|  | |  |  | | |  |  |
|  | | |  | | |  |  |
| Type of action (e.g., Guardianship, TPR, other) | |  | Person who filed the action | | |  | State |
|  | |  |  | | |  |  |
|  | | |  | | |  |  |
| Court | |  | Case Number | | |  | Date of Order |
|  | |  |  | | |  |  |

|  |  |
| --- | --- |
| The child(ren) are: | |
|  | Dependent as defined by 10 *Del. C.* § 901(8). |
|  | Neglected as defined by 10 *Del. C.* § 901(18). |
|  | Abused as defined by 10 *Del. C.* § 901(1). |

|  |
| --- |
| In support of the allegations in the preceding paragraph, the Petitioner alleges the following facts: |
|  |

|  |
| --- |
| **WHEREFORE, Petitioner prays that the aforementioned child(ren) be declared dependent, neglected,** |
| or abused and that custody be awarded to the Department of Services for Children, Youth, and their Families/Division of Family Services. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name |  | Deputy Attorney General |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Bar ID # : |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unsworn Declaration Made Under Penalty of Perjury** | | | | | | | |
|  | | | | | | | |
| Pursuant to Section 3927 of Title 10 of the Delaware Code, Family Court Standing Order #3, and Rule 79.2 | | | | | | | |
| of the Family Court Rules of Civil Procedure, I declare under penalty of perjury under the laws of Delaware, | | | | | | | |
| that the allegations contained in the attached Dependency/Neglect Petition for Custody are true and correct. | | | | | | | |
|  | | | | | | | |
| Executed on the |  | day of |  | | , |  | . |
|  | | | | | | | |
|  | | | | | | | |
|  | | | |  | | | |
| Printed Name | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| Signature  (Electronic signature is permitted – sign as “/s/Your Name”) | | | |  | | | |