



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery  
Kent County  
38 The Green  
Dover, DE 19901  
302-735-1930

Register in Chancery  
New Castle County  
500 N. King Street, St. 1551  
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 Appoint a Substitute Guardian of the Person of a Disabled Person**

~The petition to appoint a substitute guardian must be filled out completely.

+The court clerk cannot complete the petition for you.

+The guardian(s) will need to have their signature(s) notarized. (If the guardian(s) appear in the Register's office with identification & the correct paperwork, their signature(s) can be notarized by a court clerk in the Register's office.)

~The filing fee for the petition is \$60.00. 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 the "Register in Chancery").

~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 \$1.50 per page.

~Included with this packet is an "Affidavit of Mailing" and a "Consent" form. It is the guardian's responsibility to either obtain notarized consents from all of the next-of-kin OR the guardian may list the name(s) and address(es) for them on the affidavit of mailing and mail a complete copy of the petition to those next-of-kin who have not signed consent forms. You will need to mail the petition by certified mail and file a copy of the green card with the Register in Chancery.

Please call the respective county in which you filed the petition should you have any questions. They are listed as the following: Sussex County (302)856-5777, Kent County (302)735-1930, and New Castle County (302)255-0544.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 )  
 a disabled person )

C.M. # \_\_\_\_\_ -

**PETITION TO APPOINT A SUBSTITUTE GUARDIAN OF THE PERSON**

This is a Petition of \_\_\_\_\_ to be appointed the  
(Name(s) of Substitute Guardian(s))

substitute guardian(s) of \_\_\_\_\_, and in support thereof it is averred:  
(Name of Disabled Person)

1. \_\_\_\_\_ is \_\_\_\_\_ years old, having been born on  
(Name of Disabled Person) (Age)

\_\_\_\_\_  
(Birth Date of Disabled Person)

2. By order of this Court dated \_\_\_\_\_,  
(Date Guardianship was Established)

\_\_\_\_\_, was appointed  
(Name(s) of Current Guardian(s))

Guardian of \_\_\_\_\_.  
(Name of Disabled Person)

3. The petitioners wish to be appointed the substitute guardian for the following

reason(s):

---

---

---

---

---

---

---

---

(Please attach a separate sheet if necessary.)

**WHEREFORE,** \_\_\_\_\_ respectfully

(Name(s) of Petitioner(s))

requests that this Court appoint him/her as the substitute guardian(s) of the Person of

\_\_\_\_\_  
(Name of Disabled Person)

\_\_\_\_\_  
Signature of Petitioner  
(If Applicable)

\_\_\_\_\_  
Signature of Petitioner

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF:

\_\_\_\_\_ ,

a disabled person

)  
)  
)  
)  
)

C.M. # \_\_\_\_\_ -S

**VERIFICATION TO PETITION**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I/We, \_\_\_\_\_, being duly sworn in accordance with the law,  
(Name(s) of Petitioner(s))

declare that the facts alleged in the forgoing Petition to Appoint a Substitute Guardian(s) of the

Person of \_\_\_\_\_ are true and correct to the best

(Name of Disabled Person)

of my/our knowledge and belief.

\_\_\_\_\_  
Petitioner(s) Signature

\_\_\_\_\_  
Petitioner(s) Signature

**SWORN TO AND SUBSCRIBED** before me, a notary/clerk of the Court for the County and

State aforesaid, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Chancery Court Clerk

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF:

\_\_\_\_\_

a disabled person

)  
)  
)  
)  
)

C.M. # \_\_\_\_\_-S

CONSENT TO SUBSTITUTE GUARDAIN

I, \_\_\_\_\_, hereby consent to the  
(Name of Current Guardian)  
appointment of \_\_\_\_\_ as the substitute guardian of the person and  
(Name of Petitioner(s))  
property of \_\_\_\_\_ and to the termination of my appointment and  
(Name of Disabled Person)  
authority to act as such.

\_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

Sworn to and subscribed before me, the notary public, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF:

\_\_\_\_\_ ,

a disabled person

)  
)  
)  
)  
)

C.M. # \_\_\_\_\_ -S

**ORDER TO APPOINT A SUBSTITUTE GUARDIAN OF THE PERSON**

WHEREAS, \_\_\_\_\_ filed a petition to be appointed the substitute guardian(s) of the person of \_\_\_\_\_ ;

WHEREAS, the former guardian of the person, \_\_\_\_\_ , has passed away on \_\_\_\_\_ ;

IT IS HEREBY ORDERED this \_\_\_\_\_ day of \_\_\_\_\_ , 20\_\_\_\_\_ that:

- 1) \_\_\_\_\_ is hereby appointed the substitute guardian(s) of the person \_\_\_\_\_ ;
- 2) The guardian(s) shall have all the powers and duties granted to a guardian as set forth in 12 Delaware Code, Chapter 39;
- 3) The guardian(s) shall file a status report with the Register in Chancery every year on the anniversary date of the appointment of guardian (the date of this order) as required by the Rules of this Court and at any other time the Court shall direct. The status report shall include the current mailing address of both the disabled person and the guardian, and the current medical statement from the attending physician setting forth the current medical status of the ward and addressing the need for a continued guardianship

- 4) In the event of the disabled person's death, the co-guardian(s) shall notify the Office of Register in Chancery within ten days;
- 5) The Register in Chancery of this Court is appointed agent of the guardian to accept service of process on behalf of the guardian as to any claim arising out of the guardianship if, by reason of the guardian's absence from this state, he/she cannot be served.

---

MASTER

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, ) C.M. # \_\_\_\_\_-N  
 )  
 a disabled person )

**ORDER TO APPOINT A SUBSTITUTE GUARDIAN OF THE PERSON AND PROPERTY**

WHEREAS, \_\_\_\_\_ filed a petition to be appointed the successor guardian of the person and property of \_\_\_\_\_;

WHEREAS, the former guardian of the person and property, \_\_\_\_\_, has filed a consent to the petitioner's petition to be appointed the substitute guardian;

IT IS HEREBY ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ that:

- 1) \_\_\_\_\_ is hereby appointed the substitute guardian of the person and property of \_\_\_\_\_;
- 2) The guardian shall have all the powers and duties granted to a guardian as set forth in 12 Delaware Code, Chapter 39;
- 3) Before entering upon his/her duties as guardian pursuant to this Order, \_\_\_\_\_ shall execute a bond to be taken in the name of the State of Delaware in the amount of \$ \_\_\_\_\_ without surety as a condition for the faithful performance of his/her duties as guardian, and shall be filed within seven days of the date of this Order;
- 4) \_\_\_\_\_, as guardian, shall open one or more bank accounts at \_\_\_\_\_ and/or its successors and shall deposit all monies of the disabled person into such account(s). The guardian shall have the

disabled person's income directly deposited into the guardianship account. The account shall be titled, "COURT OF CHANCERY Guardianship Account for \_\_\_\_\_, Disabled, \_\_\_\_\_, Guardian, WITHDRAWALS ONLY BY ORDER OF THE COURT"

- 5) The guardian may withdraw up to \$\_\_\_\_\_ total per month without further notice of the Court. Otherwise, the guardian may not make any withdraws from the account without first having a Court Order to do so
- 6) A first inventory is due within thirty days of the date of this Order;
- 7) The guardian shall file an accounting of the guardianship accounts at least once every year on the anniversary date of the appointment of the guardian (the date of this order) and at any other time the Court shall direct as required by the Rules of this Court;
- 8) The guardian shall file a status report with the Register in Chancery every year on the anniversary date of the appointment of guardian (the date of this order) as required by the Rules of this Court and at any other time the Court shall direct. The status report shall include the current mailing address of both the disabled person and the guardian, and the current medical statement from the attending physician setting forth the current medical status of the ward and addressing the need for a continued guardianship
- 9) In the event of the disabled person's death, the guardian shall notify the Office of Register in Chancery within ten days;
- 10) The guardian shall, within thirty 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 guardian to accept service of process on behalf of the guardian as to any claim arising out of the guardianship if, by reason of the guardian's absence from this state, he/she cannot be served.

---

MASTER

**COURT OF CHANCERY  
PERSONAL INFORMATION SHEET**

In the matter of: \_\_\_\_\_, an alleged disabled person/minor

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

C.M. # \_\_\_\_\_ Date: \_\_\_\_\_

In connection with the above matter, I have applied to the Court of Chancery to be appointed as guardian of the alleged disabled person/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:

Petitioner/Guardian's current full name: \_\_\_\_\_

Petitioner/Guardian's physical address: \_\_\_\_\_

Petitioner/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): \_\_\_\_\_

Name, address and telephone number of at least two persons who should always be able to locate or contact me:

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 attorneys 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 disabled person 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 disabled person or minor over whom guardianship has been established.

\_\_\_\_\_  
Petitioner/Guardian's signature

**SWORN TO AND SUBSCRIBED** before me, a notary/clerk of the Court for the County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Chancery Court Clerk



**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

Alleged disabled person/Minor: \_\_\_\_\_

**AFFIDAVIT OF PETITIONER'S HISTORY**

Petitioner'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 (i.e., 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 (i.e., State, County and Police Department).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been found guilty of an offense by a court martial?  Yes  No

If so, describe which offense and when you were found guilty.

---

---

---

---

---

5. Do you give the State of Delaware permission to conduct a criminal background check on you at any time during the consideration of your petition for guardianship and, if granted, at any time during the period you are a guardian?  Yes  No

---

---

---

---

---

I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED before me on this date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk of the Court