Register in Chancery Register in Chancery Kent County 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930

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 Increase Monthly Allotment

- The petition to increase monthly allotment requires the following:
 - o A completed petition. The court clerk cannot complete the petition for you.
 - A copy of the guardianship bank statement(s) dated within the thirty days prior to filing the petition.
 - o Supporting documentation. Provide any receipts, bills, or invoices to show why the monthly allotment needs to be increased.
 - o The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to "Register in Chancery").
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- 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 a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.

In the Matter of:	:
A person with a disability	. C.M. #:
A person with a disability	•
Petition to Increas	se Monthly Allotment
1. Name of guardian(s):	
2. Date guardian(s) was/were appoir	nted:
3. Information about the guardiansh	ip bank account(s):
a. Name of bank(s) where gua	ardianship account(s) is/are:
-	
	ssets owned by the person with a disability:
4. The guardian(s) was/were granted	l permission to withdraw
\$[current monthly allo	otment amount] per month from the
guardianship account at	Bank on
[date of order].	
5. The monthly expenses of the pers	on with a disability have increased beyond
the amount previously authorized due to)

6. I/We respectfully request the Court to	authorize the monthly allotment be
increased to \$ from the	ne guardianship account at
[Name of bank wh	nere the money will be withdrawn from],
account number ending in	_ [last four digits of the account number].
Guardian	Co-Guardian (if applicable)
I declare under penalty of perjury	I declare under penalty of perjury
under the laws of Delaware that the	under the laws of Delaware that the
foregoing is true and correct.	foregoing is true and correct.
Executed on the day of	Executed on the day of
(month) (year).	(month) (year).
(Guardian's Printed Name)	(Co-Guardian's Printed Name)
(Guardian's Signature)	(Co-Guardian's Signature)
(Guardian's Address)	(Co-Guardian's Address)
(Guardian's Address)	(Co-Guardian's Address)
(Guardian's Phone Number)	(Co-Guardian's Phone Number)

INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF PETITION TO INCREASE MONTHLY ALLOTMENT

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court.

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 your petition (a separate affidavit is required for each individual).

Option 1 – Consent

Any interested party may sign a copy of the attached "Consent" form.

Option 2 – Send Notice

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You may send the notice by regular U.S. Mail.

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

To be filed with the Court

You must file the following documents with the Court before the petition will be reviewed by a Judicial Officer:

- a. Any and all consent forms,
- b. The attached "Certificate of Mailing" (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

In the matter of:	:	
,	: : C.M. #:	
A person with a disability	:	
<u>C</u> (<u>ONSENT</u>	
I,	, whose relationsh	ip to the
person with a disability is that of		_ (e.g.
mother, brother), hereby consent to the	e petition to increase monthly al	lotment.
I declare under penalty of perjury und	ler the laws of Delaware that the	e foregoing is
true and correct.		
Executed on the day of	(month)	(year).
	(Printed Name)	
	(Signature)	
Address:		
Phone Number:		

Aperson with a disability AFFIDAVIT OF EFFORTS TO LOCATE ADDRESS OF INTERESTED PARTY		
AFFIDAVIT OF EFFORTS TO LOCATE		
I/We,, petitioner(s) in the above		
matter, hereby confirm that I/We have been unable, after exercising reasonable		
diligence, to locate an address for interested party,		
[Name of interested party or missing person], in order to provide that interested		
party with notice of the filing of the petition.		
My/Our last contact with [Name of		
interested party or missing person] was on or around		
[month/year] and to the best of my/our knowledge, the last contact he/she had with		
the person with a disability was on or around[month/year].		
My/Our efforts have included the following [please check all that apply]:		
\Box performing an internet search for the address of the interested party;		
\square asking other interested parties if they know of the missing person's		
current whereabouts;		
☐ messaging the missing person through electronic means;		

☐ Other:		
If I/We subsequently locate the mis	ssing interested party, I/We will notify the	
Court of his/her address.		
Petitioner	Co-Petitioner	
STATE OF	_ :	
COUNTY OF	:	
This instrument was acknowledged befor	e me on this day of	
, 20 by	[Name of affiant].	
below) is permitted rather than the notary Petitioner	Co-Petitioner (if applicable)	
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	
Executed on the day of (year).	Executed on the day of (year).	
(Petitioner's Printed Name)	(Co-Petitioner's Printed Name)	
(Petitioner's Signature)	(Co-Petitioner's Signature)	

☐Register in Chancery Kent County	☐ Register in Chancery New Castle County	☐Register in Chancery Sussex County
38 The Green, Ste. 208		•
Dover, DE 19901	<u> </u>	Georgetown, DE 19947
302-735-1930	302-255-0544	302-856-5775
Dear Interested Parties:	, :	
	0 1	•
allotment which is the amo	ount which can be withdraw	n each month from the
guardianship account from	\$ to \$	Notice is
being sent to you as an inte	erested party.	
If you object to the p	petition, you must immedia	tely file a written objection
with the Register in Chanc	ery's Office that has been r	narked above. If you do not
file a written objection with	hin thirteen (13) days of th	ne date of this notice, any
objections will be deemed	waived.	
Petitioner's Signature		Co-Petitioner's Signature
Dated:		
Form CM44		

IN THE MATTER OF:	:	
,	: : C.M. #	
A person with a disability	:	
CERTIFICAT	E OF MAILING	
The guardian(s) mailed on this dat	e, a "Notice of	
Petition" to the following interested parti	ies:	
Name Addre	ss	
Guardian	Co- Guardian (if applicable)	
I declare under penalty of perjury	I declare under penalty of perjury	
under the laws of Delaware that the	under the laws of Delaware that the	
foregoing is true and correct.	foregoing is true and correct.	
Executed on the day of	Executed on the day of	
(month) (year).		
(Guardian's Printed Name)	(Co-Guardian's Printed Name)	
(Guardian's Signature)	(Co-Guardian 's Signature)	