IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery
Kent County

New Castle County

Sussex County

38 The Green, Ste. 208

Dover, DE 19901

302-735-1930

Register in Chancery
Sussex County

34 The Circle
Georgetown, DE 19947

302-856-5775

Procedures for filing a Petition to Expend for a Disabled Person

- The following is what will be needed to process the petition to expend:
 - The petition must be completed as the court clerk cannot complete the petition for you. The guardians(s) will need to have their signature(s) notarized. (If the guardian(s) appear in the Register's office with identification and the correct paperwork, their signature(s) can be notarized by a court clerk in the Register's office.)
 - A copy of the bank statement(s) dated within the thirty days prior to filing the petition.
 - Supporting documentation for the request for money must be provided (i.e., any receipts, invoices and other documentation that detail the expenses for which you are petitioning).
 - o Thirty-five dollars (\$35.00) filing fee in the form of a check or money order payable to "Register in Chancery," cash is acceptable if appearing in person.
- 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.
- As part of the order, the guardian(s) will be responsible to file all **receipts** within twenty days with the Register in Chancery. If the guardian(s) fail(s) to file the proper receipts, all future petitions may be denied.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the Matter of:	:		
	: C.M. #:		
A disabled person	:		
PETITION TO EXPEND			
The petition of	[Name		
of Guardian(s)], Guardian(s) of	, [Name of		
Disabled Person] respectfully represent	s:		
1. Petitioner(s) was/were appointed gua	rdian(s) of the disabled person by Order		
dated			
2. The net assets of the disabled person	's estate consist of cash on deposit in the		
sum of \$ in the			
	· · · · · · · · · · · · · · · · · · ·		
[List all banks where guardianship acco	ounts have been established].		
3. Petitioner(s) request the Court author	rize, for the benefit of the disabled person,		
expenditures in the total amount of \$	to be used for the		
following expenses:			

be withdrawn from the guar	rdıanshıp
[Name of bank(s) where	the money will
ending in	[last four
er to expend is approved, I/V	We will be
twenty days.	
Co-Guardian's signatu	ıre
Complete address	
Phone Number	
een duly sworn, deposes an Sworn to and subscribed be	•
Register in Chancery/No	otary Public
	[Name of bank(s) where ending in