Register in Chancery
Kent County
New Castle County
Sussex County
38 The Green, Ste. 208
Dover, DE 19901
Wilmington, DE 19801
Georgetown, DE 19947
302-735-1930
Georgetown, DE 19947
302-856-5775

### Procedures for filing a Petition to Expend for a Person with a Disability

- The petition to expend 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.
  - Supporting documentation. Provide any receipts, invoices and other documentation that detail the expenses for which you are petitioning.
  - 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.
- 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. If approved, the order to expend will require the bank to issue a check made payable directly to the company.

In the Matt	er of:		
	vith a disability : C.M. #:		
	PETITION TO EXPEND		
1. Name	e of guardian(s):		
2. Date	guardian(s) was/were appointed:		
3. Inform	mation about the guardianship bank account(s):		
a.	Name of bank(s) where guardianship account(s) is/are:		
b.	Current net balance of all assets owned by the person with a disability		
4. Inform	mation about the money being requested:		
a.	Total amount requested: \$		
b.	The money will be used for the following reason(s):		
c.	The money will be withdrawn from the guardianship account at		
	[Name of bank where the money		
	will be withdrawn from], account number ending in		
	[Last four digits of the account number].		

5. I/We understand if the order to expend is approved, I/we will be responsible for filing all receipts within twenty days of the court order.

Guardian	Co-Guardian (11 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 (year).	Executed on the day of (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 EXPEND

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> </u>	CONSENT
Ι,	, whose relationship to the
person with a disability is that of	(e.g.
mother, brother), hereby consent to	the petition to expend.
I declare under penalty of perjury un	nder the laws of Delaware that the foregoing is
true and correct.	
Executed on the day of	(month) (year).
	(Printed Name)
	(Signature)
Address:	
Phone Number:	

IN THE MATTER OF:	:	
A person with a disability	: _, : C.M. #	
AFFIDAVIT OF	EFFORTS TO LOCATE INTERESTED PARTY	
I/We,	, petitioner(s) in the above	
matter, hereby confirm that I/We have	e been unable, after exercising reasonable	
diligence, to locate an address for inte	erested party,	
[Name of interested party or missing ]	person], in order to provide that interested	
party with notice of the filing of the p	etition.	
My/Our last contact with	[Name of	
interested party or missing person] wa	as on or around	
[month/year] and to the best of my/ou	r 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	he following [please check all that apply]:	
$\Box$ performing an internet search for the address of the interested party;		
☐ asking other interested partic	es if they know of the missing person's	
current whereabouts;		
$\square$ messaging the missing personal content of the missing per	on 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].
Pursuant to Court of Chancery Rule 1781 below) is permitted rather than the notary Petitioner  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 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930	New Castle County 500 N. King St., Ste. 11600	☐Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775
IN THE MATTER OF:		
A person with a disability	:	
NOTI	CE OF PETITION TO EX	PEND
Dear Interested Parties:		
This is a notice that	I am/we are filing a petition to	expend \$
from the guardianship acco	ount of the person with a disal	oility for the following
reason(s):		
Notice is being sent to you	as an interested party.	
If you object to the p	etition, you must immediatel	y file a written objection
with the Register in Chance	ery's Office that has been ma	rked above. If you do not
file a written objection with	nin thirteen (13) days of the	date of this notice, any
objections will be deemed	waived.	
Petitioner's Signature	Co-	Petitioner's Signature
Dated:		

IN THE MATTER OF:	:
	: , : C.M. #
A person with a disability	:
<b>CERTIFICA</b>	TE OF MAILING
The guardian(s) mailed on this d	late, a "Notice of
Petition" to the following interested pa	rties:
Name Add	ress
Petitioner	Co-Petitioner (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 o	f Executed on the day of
(month) (year	
(Petitioner's Printed Name)	(Co- Petitioner's Printed Name)
(Petitioner's Signature)	(Co- Petitioner's Signature)