

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery Kent County 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930	Register in Chancery 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
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### **Procedures for filing a Petition to Reinvest for a Disabled Person**

- The following is what will be needed to process the petition to reinvest:
  - The petition must be completed as 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(s) 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.
  - 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 a proof of compliance within thirty (30) days. There will be a \$2.00 per page fee to pay for the documents to be scanned.
- Please Note: There is additional information and forms available on the Court's website at <http://courts.delaware.gov/Chancery/guardianship/index.stm>

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

In the Matter of: \_\_\_\_\_ :  
: \_\_\_\_\_ :  
: \_\_\_\_\_ : C.M. #: \_\_\_\_\_ :  
A disabled person \_\_\_\_\_ :

**PETITION TO REINVEST**

The petition of \_\_\_\_\_  
[Name of Guardian(s)], Guardian(s) of \_\_\_\_\_, [Name  
of Disabled Person] respectfully represents:

1. Petitioner(s) was/were appointed guardian(s) of the disabled person by court order dated \_\_\_\_\_.
2. Petitioner(s) opened a guardianship \_\_\_\_\_ [type of account, i.e. checking, savings] account at \_\_\_\_\_ Bank.
3. The guardianship order permits monthly expenditures up to \$ \_\_\_\_\_ [monthly allotment amount per court order] out of the guardianship account(s).
4. Petitioner(s) request the Court authorize the transfer of \$ \_\_\_\_\_ [how much money will be transferred] from the guardianship \_\_\_\_\_ [type of account, i.e. checking, savings] account at \_\_\_\_\_ Bank with the account number ending in \_\_\_\_\_ [last four numbers of the account the money will be transferred from] to a guardianship \_\_\_\_\_ [type of account money will be

moved into, i.e. checking, savings] account at \_\_\_\_\_

Bank [name of the bank where the money will be moved to].

5. Petitioner(s) understand(s) proof of the reinvestment will need to be filed with the Register in Chancery's Office.

\_\_\_\_\_  
Guardian's signature

\_\_\_\_\_  
Co-Guardian's signature

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

The above named guardian(s), having been duly sworn, deposes and says that the facts above recited are true and correct. Sworn to and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Register in Chancery/Notary Public

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

IN THE MATTER OF:

\_\_\_\_\_,  
a disabled person

:  
:  
:  
:  
:

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

**ORDER TO REINVEST**

WHEREAS, the petition to reinvest having been presented and duly considered by this Court;

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

1. \_\_\_\_\_, guardian(s) of the disabled person, is/are hereby authorized to withdraw and transfer \$\_\_\_\_\_ from the disabled person's guardianship \_\_\_\_\_ account at \_\_\_\_\_, account number ending in \_\_\_\_\_.

2. The guardian(s) shall

a. Transfer the money to the existing guardianship account at \_\_\_\_\_ Bank, account number ending in \_\_\_\_\_

\_\_\_\_\_ **OR**

b. The guardian(s) shall open a guardianship account at \_\_\_\_\_ and deposit the disabled person's money into a checking and/or savings

account. The account(s) shall be titled, "COURT OF CHANCERY  
Guardianship Account for \_\_\_\_\_, Disabled,  
\_\_\_\_\_, Guardian(s). WITHDRAWALS  
ONLY BY ORDER OF THE COURT."

3. The guardian(s) may continue to withdraw up to \$ \_\_\_\_\_  
total per month without further notice of the Court. Otherwise, the guardians may  
NOT make ANY withdraws from the account WITHOUT first having a Court  
Order to do so.

4. The guardian(s) shall provide proof of such transfer and redeposit to  
this Court within thirty days from the date of this order.

5. The guardian(s) shall present a certified copy of this order to  
\_\_\_\_\_ Bank and \_\_\_\_\_  
Bank.

\_\_\_\_\_  
Chancellor/Vice Chancellor/Master