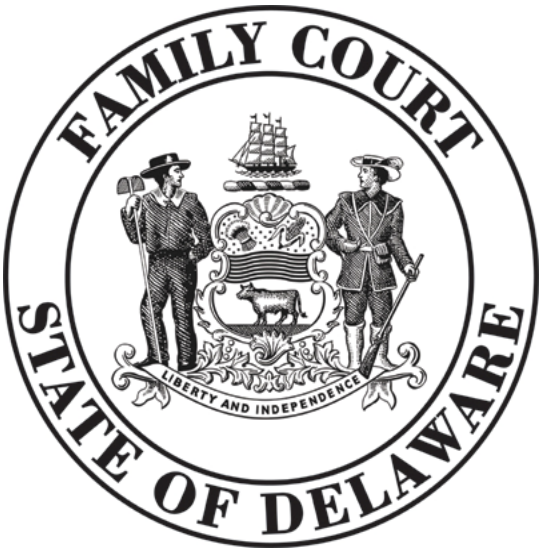
TERMINATION OF PARENTAL RIGHTS



FORMS

TERMINATION OF PARENTAL RIGHTS FORMS

ONLY FILE THE FORMS IN THIS FORMS PACKET.

DO NOT FILE THE FORMS IN THE INSTRUCTION PACKET.

You must file the following forms:

- Petition for Termination of Parental Rights
- Custody Separate Statement
- Information Sheet
- Praecipe in Termination of Parental Rights Action
- Termination of Parental Rights Order of Reference
- Termination of Parental Rights Order for a Hearing
- Termination of Parental Rights Final Order

Only file these forms if they apply to your situation.

Please see the instruction packet for more information:

- Affidavit that a Party's Address is Unknown
- Consent to Termination and Transfer of Parental Rights
- Affidavit of Consent to Termination and Transfer of Parental Rights
- Waiver of Rights Under the Servicemember's Civil Relief Act
- Motion
- Affidavit of Non-Military Service

These forms are also located at the Self-Help Centers and on the Family Court webpage http://www.courts.state.de/family.

Form 112
(Rev. 11/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

File Number
Petition Number

Petitioner	*2nd Petitioner (if any)*
Name D.O.B.	Name D.O.B.
SSN	SSN
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Relation to Child(ren)	Relation to Child(ren)
Name	Name
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City State Zip Code	City State Zip Code

Respondent	*2nd Respondent (if any)*
Name D.O.B.	Name D.O.B.
SSN	SSN
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Relation to Children	Relation to Children
Name	Name
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City State Zip Code	City State Zip Code

Guardian Ad Litem (if any)	*Attorney for Guardian Ad Litem (if any)*
Name	Name
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (**Complete the table below for each child for which petitioner wants parental rights terminated**. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check one)
			☐ Male ☐ Female
			☐ Male ☐ Female
			☐ Male ☐ Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth	Social Security Number
MOTHER				
FATHER				

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

_____

_____

_____

_____

➢ I have attached to this Petition the following affidavits:

☐ **Affidavit that a Party's Address is Unknown**

☐ **Affidavit that Biological Father's Name is Unknown**

☐ **Affidavit of Non-Disclosure** (e.g., Affidavit that mother knows the name of the biological father but is unwilling to disclose his name)

3. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): _____

   Address of person(s) or organization:

4. Name(s) of the person(s) **to whom parental rights are sought to be transferred (i.e. proposed adoptive parent(s))** if this Petition is granted: _____

   Address of person(s) or organization if address is different from address of Petitioner(s):

5. Proposed adoptive parent(s)' relationship to child(ren) if proposed adoptive parent is **NOT** the Petitioner: _____

6. I acknowledge the following is true with regards to the child(ren) named in this petition:

   ☐ Adoption of the child is possible, appropriate, and a Petition for Adoption will be filed with this Court.

   ☐ In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child with blood relatives has been explored.

   Results of these efforts:

   _____

   _____

   _____

   _____

   ☐ Each birth parent has been advised of the right to file an affidavit as provided in 13 Del. C. §§ 961-965.

   ☐ Termination of Parental Rights is in the best interests of the child.

   ☐ If there are two Respondents, both consent to the termination and transfer of their parental rights and the *Consent to Termination and Transfer of Parental Rights* for each Respondent is attached to this Petition.

   ☐ If there is only one Respondent, he/she consents to the termination and transfer of his/her parental rights and the *Consent to Termination and Transfer of Parental Rights* for that Respondent is attached to this Petition.

   ☐ If there are two Respondents, only one Respondent consents to the termination and transfer of his/her parental rights and the *Consent to Termination and Transfer of Parental Rights* for the consenting Respondent is attached to this Petition.

7. I have attached to this Petition the *Grounds for Termination of Parental Rights* for each child named above. I have indicated at least one *Ground for Termination of Parental Rights* for each child named in this petition.

_____	_____	_____	_____
Petitioner	Date	2nd Petitioner (if any)	Date

Sworn to subscribed before me: Sworn to subscribed before me:

_____	_____	_____	_____
Mediator/Notary Public	Date	Mediator/Notary Public	Date

Affidavit of Truth

I/We, _____state the information in this Petition for Termination of Parental Rights is true and correct to the best of my/our knowledge.

_____
Petitioner

_____
2nd Petitioner

SWORN TO AND SUBSCRIBED BEFORE ME on this date, _____.

_____
Notary

GROUNDS FOR TERMINATION OF PARENTAL RIGHTS

Complete a separate *Grounds for Termination of Parental Rights* form for each child named in the *Petition for Termination of Parental Rights*. Thus, if there are 2 children, then 2 *Grounds for Termination of Parental Rights* forms MUST be completed and attached to the Petition.

NAME OF THE CHILD:_____

Indicate the grounds for Termination of Parental Rights (**Place an "X" next to the grounds that apply**.)

1. ☐ The parent(s) of the child, or the person(s) or organization holding parental rights over such child agree (consent) that this Petition should be granted.
   ☐ A *Consent to Termination and Transfer of Parental Rights* is attached to the Petition.

2. ☐ Respondent has abandoned the child **AND** intended to abandon the child as evidenced by the fact that: (**Place an "X" next to which situation applies**)

   a. ☐ The child is younger than 6 months old at the time of filing this Petition, Respondent FAILED to:

      - Pay reasonable prenatal, natal and postnatal expenses in accordance with Respondent's financial means; **AND**
      - Visit regularly with the child; **AND**
      - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

   b. ☐ The child is at least 6 months old at the time of filing this Petition **AND** for at least 6 consecutive months (6 months in a row) during the year immediately before filing the Petition, Respondent(s) did FAILED to:

      - Make reasonable and consistent payments in accordance with Respondent's financial means, for support of the child; **AND**
      - Communicate or visit regularly with the child; **AND**
      - Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

   c. ☐ The child is younger than 6 months old at the time of filing this Petition **AND** Respondent has placed the child in circumstances leaving the child in substantial risk of injury or death and therefore has manifested (shown) the unwillingness to exercise parental rights

3. ☐ Respondent has abandoned the child BUT did **NOT intend** to abandon the child because: (**Place an "X" next to which situation applies**)

   a. ☐ For 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent FAILED to:

      - Communicate or visit regularly with the child; **AND**

- File or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child; **AND**

- Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

AND one of the below applies (**Place an "X" next to all that apply**):

☐ The child is not in the legal and physical custody of the other parent and Respondent is not able or willing promptly to assume legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means.

☐ Placing the child in Respondent's legal and physical custody would pose a risk of substantial harm to the physical or psychological well being of the child. Respondent is unfit to maintain a relationship of "parent and child" with the child because of any of the following reasons:

i. The circumstances of the child's conception; **OR**

ii. Respondent's behavior during the mother's pregnancy; **OR**

iii. Respondent's behavior after the child was born; **OR**

iv. Respondent's behavior with respect to other children.

☐ Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

4. ☐ The parent(s) of the child or any person(s) holding parental rights over such child are mentally incompetent and therefore, are unable to discharge parental responsibilities in the foreseeable future. (*The Court will select 2 qualified psychiatrists to form an opinion regarding mental incompetence and inability to discharge parental responsibilities. The Court also will appoint a licensed attorney, as Guardian Ad Litem, to represent the alleged incompetent's interests in the proceeding*) .

5. ☐ Respondent has been found by a Court of competent jurisdiction to have: (**Place an "X" next to all that apply**)

   a. ☐ Committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child;

   b. ☐ Aided or abetted, attempted, conspired or solicited to commit a felony level offense as described in subchapter II of Chapter 5 of Title 11 against the person in which the victim was a child;

   c. ☐ Committed or attempted to commit the offense of Dealing in Children as set forth in § 1100 of Title 11.

   d. ☐ Committed the felony level offense of endangering the welfare of a child as set forth in § 1102 of Title 11.

6. ☐ The parent(s) of the child, or any person(s) holding parental rights over the child, are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development, and 1 or more of the following conditions has been met: (**Place an "X" next all that apply**)

a. ☐ If the child is in the care of the Department or a licensed agency**:**

☐ The child has been in the care of the Department of licensed agency for a period of one year, or if the child has come into care as an infant, a period of 6 months, or there is a history of previous placement(s) of this child; **OR**

☐ There is a history of neglect, abuse, or lack of care of the child or other children by Respondent; **OR**

☐ Respondent is incapable of discharging parental responsibilities due to extended or repeated incarceration; **OR**

☐ Respondent is not able or willing to assume promptly legal and physical custody of the child, and to pay for the child's support, in accordance with Respondent's financial means; **OR**

☐ Failure to grant the Petition for Termination of Parental Rights will result in continued emotional instability or physical risk to the child.

b. ☐ If the child is in under the care of a stepparent or blood relative**,**

- the child has resided in the home of the blood relative for a period of at least 1 year, or in the case of an infant, a period of 6 months **AND**
- Respondent is incapable of discharging parental responsibilities, and there appears to be little likelihood that Respondent will be able to discharge such parental responsibilities in the near future.

7. ☐ Respondent's parental rights over a sibling (brother, sister, half-brother, half-sister) of the child who is the subject of the Petition have been involuntarily terminated in a prior proceeding.

8. ☐ The parent has subjected the child to torture, chronic abuse, sexual abuse, and/or life-threatening abuse.

9. ☐ The child has suffered unexplained serious physical injury under such circumstances as would indicate that such injuries resulted from the intentional conduct or willful neglect of the parent.

Form 346
(Rev. 6/05)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CUSTODY SEPARATE STATEMENT
IN COMPLIANCE WITH
TITLE 13, SECTION 1928 OF THE DELAWARE CODE

Petitioner	Respondent	File No.:

1. What type of petition are you filing? _____

2. Who is the child(ren) named in your petition? (Please provide full name and date of birth)

_____ _____
_____ _____
_____ _____
_____ _____

3. Have all the children listed above continually resided with one another? ☐ Yes ☐No
   If you answered "No," the children have not continually resided with one another, please complete a Custody Separate Statement for each child.

4. Where is the child(ren) living as of today's date?

Street Address	City	State	Zip Code

Name of person(s) child(ren) is living with	Relationship to child(ren)

5. During the past five years, where have the child(ren) lived? *List addresses from the most recent to the oldest beginning with the address where the child(ren) currently lives. If the child(ren) is under the age of five years old end with the first address where the child lived.*

Address where child(ren) currently resides	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code

Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)

Person's current address	City	State	Zip Code

6. Check **ONE** and complete as directed.

☐ I have not been involved in any other court action for custody and/or visitation of this child(ren).
☐ I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (custody, visitation or modification)	**PERSON** who filed action	**STATE** action was filed in	**COURT** where the action was filed

DATE action was filed	**CASE NUMBER**	**RESULT** of action	**DATE OF ORDER**

TYPE OF ACTION (custody, visitation or modification)	**PERSON** who filed action	**STATE** action was filed in	**COURT** where the action was filed

DATE action was filed	**CASE NUMBER**	**RESULT** of action	**DATE OF ORDER**

7. Check **ONE** and complete as directed.

☐ I do not know of any other court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship, Adoption or Paternity involving myself, the other party or the child(ren) that could affect this petition.
☐ I, the other party or the child(ren) have been and/or are currently involved in another court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship or Adoption, that could affect this petition. *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	**PERSON** who filed action	**STATE** action was filed in	**COURT** where the action was filed

DATE action was filed	**CASE NUMBER**

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	**PERSON** who filed action	**STATE** action was filed in	**COURT** where the action was filed

DATE action was filed	**CASE NUMBER**

8. Check **ONE** and complete as directed.

☐ No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).

☐ A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

Name of person(s) child(ren) is living with	Relationship to child(ren)

Address of person(s) where child(ren) reside	City	State	Zip Code

Name of person(s) child(ren) is living with	Relationship to child(ren)

Address of person(s) where child(ren) reside	City	State	Zip Code

SWORN TO AND SUBSCRIBED
before me this date,

_____
Petitioner

_____

_____
Notary Public

Form 240
Rev (11/05)

The Family Court of the State of Delaware

INFORMATION SHEET - **PLEASE PRINT**

Date: _____ File No.: _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____

_____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Employer & Address: _____

_____

_____

Hours/Shift _____

E. Social Security No.: _____ F. Date of Birth: _____

G. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

H. Type of motor vehicle operated by you: _____

I. Driver's License No.: _____ State of Issue: _____

J. Your relationship to the Defendant/Respondent: _____

K. Attorney: _____

_____

_____

If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved..

Children (Custody/Visitation/Support/Petition for Protection from Abuse)

Name	Relationship	Sex	Date of Birth

OVER

Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ☐ **ADULT** ☐ **JUVENILE**

M. Name: _____

N. Address: _____

_____

O. Phone – Home: _____ Work: _____ Cell: _____

P. Employer & Address: _____

_____

_____

Hours/Shift _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Driver's License No.: _____ U. Type vehicle operated by Defendant/Respondent: _____

V. Parent's Name (if a juvenile): _____

W. Time when Respondent is usually home: _____

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

Form 115
(Rev. 11/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Hours Likely to be served:	to	to

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Hours Likely to be served:	to	to

In the event that personal service on one or more of the respondents cannot be effected in Delaware, and the Court finds that personal service is unlikely, please send a summons by U.S. first class mail and U.S. registered or certified mail to the home address listed above. In addition, please publish notice of this action in the following newspapers most likely to give the respondent(s) notice of this action consistent with the requirements of 13 Del. C. § 1307:

Respondent Name	Local Publication	Foreign Publication (if necessary)
Newspaper Address:		
Attention:		

_____ Date

_____ Attorney for Petitioner

Form 114
(Rev. 11/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

Petition for Termination of Parental Rights Order of Reference

Civil Action No.:

In the Matter of:

_____

Dear

Please be advised that _____ (and _____) has (have) petitioned the Court for Termination of Parental Rights with respect to the following child(ren):

_____ , ☐ male or ☐ female child, aged, _____ born; _____
_____ , ☐ male or ☐ female child, aged, _____ born; _____
_____ , ☐ male or ☐ female child, aged, _____ born; _____
_____ , ☐ male or ☐ female child, aged, _____ born; _____
_____ , ☐ male or ☐ female child, aged, _____ born; _____
_____ , ☐ male or ☐ female child, aged, _____ born; _____

Written consent has been filed with the petition.
WHEREUPON it has been ordered by the Court that _____

_____
do make a careful and thorough social study of this matter, making the inquiries required by the Act of the General Assembly and reporting the findings in writing to the Court.

_____ _____
Date Clerk of Court

PLEASE REPLY TO

☐ 500 KING STREET, STE 110
WILMINGTON, DE 19801-3742
(302) 255-0244

☐ 400 COURT STREET
DOVER, DE 19901
(302) 672-1000

☐ 22 THE CIRCLE
GEORGETOWN, DE 19947
(302) 855-7400

Form 118A
(Rev. 11/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

ORDER FOR HEARING

AND NOW, TO WIT, the foregoing Petition of _____ having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on January , 2007 at o'clock at which time the Petitioner shall appear to establish that Respondent's parental rights in _____ should be terminated and said rights granted to _____ and Respondent may appear in opposition to the petition and in opposition to the evidence offered in support thereof.

IT IS FURTHER ORDERED that the Clerk of Court shall cause notice of the time, place and purpose of the hearing to be served upon _____ at their last known address. If such personal service cannot be accomplished, then such notice shall be published in _____ once each week for three consecutive weeks and notice shall be sent to Respondent by regular and certified mail to the last known address, a copy of the Petition attached thereto.

_____
Chief Judge Kuhn

Form 107
(Rev. 11/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

FINAL ORDER FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, this day of January, 2007, the Petition of _____ for the Termination of Parental Rights of _____ having been presented to and duly considered by this Court and the Court being satisfied from the evidence presented at the hearing on said Petition that the grounds for Termination of Parental Rights as defined by 13 Del.C.§ 1103 have been established

IT IS ORDERED that all parental rights of the said _____ with respect to _____, be and they are hereby terminated and transferred to the Petitioner, _____.

_____
Chief Judge Kuhn

Form 241
(Rev 12/94)

The Family Court of the State of Delaware

in and for ☐ New Castle ☐ Kent ☐ Sussex County

AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN

Petitioner Last	First	MI	vs.	Respondent Last	First	MI	File No.
							CPI No.

State of _____)
) SS.
_____ County)

BE IT REMEMBERED, that on this _____ day of _____, _____, personally appeared before me, a Notary Public for the State and County aforesaid, _____, ("Affiant"), who, being by me duly sworn according to law did depose and say:

1. My name is _____.

2. I do not know the current address and/or telephone number, nor do I know anyone who could provide me with the current address and/or telephone number of _____. I have contacted his/her (Please check as appropriate) ☐ Parent ☐Spouse ☐ Employer ☐ Other: _____. His/Her last known address and telephone number were:

_____

_____

_____

_____

as of _____.

3. I have had no contact with him/her since _____.

4. I have been informed of my responsibility to accomplish publication and my failure to do so will result in the petition being dismissed.

5. The information contained herein is true and correct to the best of my knowledge and belief.

_____
Affiant

SWORN TO AND SUBSCRIBED before me the day and year aforesaid.

_____
Notary Public

Form 140
(Re. 1/07)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CONSENT TO TERMINATION AND TRANSFER OF PARENTAL RIGHTS

Petitioner		**Respondent**		
Name	DOB	Name	DOB	File Number
Address		Address		CPI Number(s)
SSN#	Attorney	SSN#	Attorney	

I, _____ this _____ day of _____ , _____
at _____ a.m/p.m. at _____
(location) state as follows:

1. I am the ☐ mother/☐ father of _____ (child's name), born _____ ;
2. My address is _____
_____
_____
_____
3. My date of birth is _____
4. I agree to consent to the termination and transfer of my parental rights, for the purpose of adoption, in the child named in paragraph one to (name, address and phone number of individual(s)):

   Name _____
   Address _____
   _____
   _____
   _____
5. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child. _____ (initial)
6. I understand that by terminating my parental rights all of my rights and obligations to this child will be extinguished, except for arrearages of child support. _____ (initial)
7. I understand that after this consent is signed by me and confirmed pursuant to 13 Del. C. § 1106(c), this consent is final and may not be revoked or set aside for any reason unless the requirements of 13 Del.C. § 1106B(a) have been met; specifically, that:

   (a) within fourteen (14) days of executing this consent, I notify in writing the agency or individual to which the parental rights have been transferred that I revoke the consent;

   (b) I comply with any other instructions for revocation which were specifically set forth in the consent; or

   (c) the agency or individual that accepted my consent, and I, agree to its revocation.
8. I have read and/or have had read to me the 7 statements on the reverse side of this form, and fully understand and agree with each statement. _____ (initial)
9. I understand that pursuant to 13 Del. C. § 923(b), I have a right to file a notarized statement with the Department of Health and Social Services of Vital Statistics denying the release of any identifying information. Notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar pursuant to sub-section 3110(b) of Title 16, even if that record has been impounded, unless the birth parent has, within the most recent 3 year

period, filed a written notarized statement with the Department of Health and Social Services of Vital Statistics denying the release of any identifying information.

10. I know and understand that I have the right to be served with a copy of the petition for termination of parental rights, and have a hearing on my important decision to terminate my parental rights in my child. I understand that the Family Court may conduct a hearing on this matter. I hereby waive my right to service and any notice of such hearing by checking the following box ☐;
11. I know that I will receive notice of the final order of the Court only if I check the following box ☐.
12. This consent may be revoked if a Court of competent jurisdiction decides not to terminate the other parent's rights to this child.
13. I understand that if I am indigent and wish to have attorney represent me in this matter, an attorney would be appointed to represent me. I knowingly and voluntarily waive my right to an attorney. _____(initial)
14. I have received a copy of my signed consent.
15. I have signed this consent voluntarily and of my own free will. I have neither been promised nor received any money or anything else of value in exchange for this consent.

_____
Consenting Party

TERMINATION OF PARENTAL RIGHTS
CONSENT PARTY STATEMENT

I, _____ , the ☐ mother ☐ father of _____
who was born on _____ do state that I:

1. Believe that placement of my child for adoption by _____ , would be In the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____ , and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

_____ _____
Consenting Party Date

Form 140
(Re. 1/07)

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 Del. C. § 1106(c) because I am
   - ☐ A judge of a court of record;
   - ☐ An individual designated by a judge to take consents;
   - ☐ An employee designated by an agency to take consents;
   - ☐ A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
   - ☐ A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
   - ☐ An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party

   _____
3. To the best of my knowledge and belief, the consenting party understands that he/she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party ☐read/ ☐was read
5. To the best of my knowledge and belief, the individual executing the consent entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
   ☐ Not a minor; or
   ☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

_____	_____	_____
Date	Authorized Person (printed name)	Authorized Person (signature)

Agency: _____

Address: _____

_____

_____

_____

Form 110

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

AFFIDAVIT OF CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION

I, _____, the _____ of _____, who was born on _____ , agree and consent to the termination of my parental rights in said child and furthermore consent to the adoption of said child by _____. Further, I understand the importance of my decision and fully realize the effects of the termination of parental rights and the adoption of said child. I have read and have had read to me the statements on the reverse side of this form and fully understand and agree with each statement.

I have signed this consent voluntarily and of my own free will.

_____ _____

Consenting Party Date

State of Delaware

County of Kent

Sworn to subscribed before me:

_____ _____

Notary Public Date

TERMINATION OF PARENTAL RIGHTS AND ADOPTION CONSENTING PARTY STATEMENT

I, _____, THE _____ of _____, who was born on _____:

1. Believe the adoption of my child by _____ would be in the child's best interest.

2. Know that my decision to terminate my parental rights and to consent to the adoption of my child is an important one.

3. Know and understand that upon the Court's granting of the final decree of adoption that my parental rights over said child shall be terminated and I will no longer be the legal parent of my child.

4. Know and understand that when my child is adopted and my parental rights in said child are terminated, I give up all rights, privileges, and responsibilities concerning the child.

5. Know and understand that when my child is adopted and my parental rights in said child are terminated, the child becomes the child of _____and _____, and as a result the child's name may be changed.

6. Know and understand that when my child is adopted and my parental rights in said child are terminated, I will not have the right to visit with him/her or know his/her whereabouts.

7. Know and understand that when my child is adopted and my parental rights in said child are terminated, my child loses the right to inherit from me and I lose the right to inherit from him/her. This shall not in any way limit my right to provide for the disposition of my estate by will.

8. Know and understand that I may, within sixty (60) days of the filing of the adoption petition containing this consent, petition the Family Court to revoke this consent and dismiss the adoption petition.

_____ _____

Consenting Party Date

Form 420
(Rev. 3/05)
FILM

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

IN RE THE MARRIAGE OF

_____ Petitioner,	)	File No.: _____
and	)	Petition No.: _____
_____ Respondent,	)	

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE)
) ss.
_____ COUNTY)

BE IT REMEMBERED, that on this date, _____ , personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____ , ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case:

2. That Affiant is active duty in the United States military: and

3. The Affiant waives his/her rights under the "Servicemembers Civil Relief Act" and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

_____
Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, _____

_____
Notary Public or Clerk of Court

IMPORTANT INFORMATION REGARDING THE FILING OF A MOTION

Presenting a motion before the Court requires the completion and filing of three separate documents.

The Generic Motion document (Form 191) must be filed along with the Notice of Motion (Form 192) and Form of Order (Form 193) documents.

Form 191
(Rev. 6/05)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

MOTION FOR _____

Petitioner	*Respondent*	
Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Social Security Number Date of Birth	Social Security Number Date of Birth	
Attorney Name and Phone Number	Attorney Name and Phone Number	

A PROCEEDING involving _____ having been filed heretofore in this Court,

Movant hereby moves the Court for _____ and, in support thereof, alleges the following facts:

SWORN TO AND SUBSCRIBED
before me this date,

_____ _____
Movant/Attorney

_____
Notary Public/Clerk of Court

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date _____ , and sent to the other party or attorney at the address listed on the petition, being _____ , first class postage pre-paid.

SWORN TO AND SUBSCRIBED
before me this date,

_____ _____
Movant/Attorney

_____
Notary Public/Clerk of Court

Form 192
(Rev. 6/05)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

NOTICE OF MOTION

TO:

PLEASE TAKE NOTICE that the attached Motion for _____ is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

Dated:

_____
Movant/Attorney

Name and address of Movant/Attorney		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code

Form 193
(Rev. 6/05)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

_____ , Petitioner	)	
v.	)	File No.: _____
_____ , Respondent	)	Petition No.: _____

ORDER

Having considered the request of the movant, _____, _____

IT IS SO ORDERED, this date: _____

That

_____
Judge/Commissioner

cc:

Form 405
(Rev. 3/07)
FILM

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

Petitioner	**Respondent**	
Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Date of Birth	Date of Birth	
Attorney Name and Phone Number	Attorney Name and Phone Number	

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE)
) ss.
_____ COUNTY)

BE IT REMEMBERED, that on this date, _____ , personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____ , ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the above captioned civil action;

2. That Respondent is not in the military service of the United States of America; and

3. That Affiant has made this Affidavit pursuant to the provisions of § 521 of the Servicemember's Civil Relief Act (50 USCS App. § 501et. seq.)

_____
Petitioner

SWORN TO AND SUBSCRIBED before me this date, _____

_____
Notary Public or Clerk of Court