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

|  |  |  |
| --- | --- | --- |
| Register in Chancery  Kent County  38 The Green  Dover, DE 19901  302-735-1930 | Register in Chancery  New Castle County  500 N. King Street, St. 11600  Wilmington, DE 19801  302-255-0544 | Register in Chancery  Sussex County  34 The Circle  Georgetown, DE 19947  302-856-5775 |

**Petition to Transfer Guardianship to the State of Delaware**

* The petition must be filled out completely.
  + The court clerk cannot complete the petition for you.
  + The guardian’s(s’) will need to have their signature(s) notarized on several forms. If you appear in the Register’s Office with identification and the correct paperwork, your signature(s) can be notarized by a court clerk in the Register’s Office.
  + A **certified copy** of the other State’s court order appointing the guardian(s) must be attached to the petition.
  + A **certified copy** of the other State’s provisional order to transfer the guardianship must be attached to the petition.
* The filing fee for the petition is $60.00 plus an additional $2.00 per page scanning fee. Payment must be received at the time of filing or the petition will not be accepted by our office. We accept cash, check or money order (made payable to the “Register in Chancery”). If the Register in Chancery’s office makes photocopies for you, we will charge $1.50 per page. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer and it must be one-sided.
* The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties. Please review the enclosed instruction sheet for additional instructions on notifying the interested parties.
* If the Court of Chancery issues a provisional order to accept the transferred guardianship, the guardian must provide that to the other state. Once you have a final order from the other state releasing the guardianship, you must file a certified copy of that order with the Court of Chancery. The Court of Chancery may schedule a court hearing before issuing a final order accepting the transferred guardianship.

Form CM37

*Rev. 06/2022*

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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| --- | --- | --- |
| Register in Chancery  38 The Green, Ste. 208  Dover, DE 19901  302-735-1930 | Register in Chancery  500 N. King St., Ste. 11600  Wilmington, DE 19801  302-255-0544 | Register in Chancery  34 The Circle  Georgetown, DE 19947  302-856-5775 |

**Guardianship Monitoring Program**

The Court of Chancery utilizes the Guardianship Monitoring Program to monitor individuals who have been placed under guardianship and whose care is the responsibility of court-appointed guardians. This important monitoring function is coordinated by the Guardianship Advocacy Director of the Office of the Public Guardian and Court of Chancery under Chancery Rule 180-D and enables the Court to receive first-hand information about people for whom the Court has ultimate responsibility. A Guardianship Analyst is assigned a case, given necessary information about the case, and makes an appointment to meet with the guardian and person with a disability. This meeting will likely be virtual or could be face to face. After the meeting, the Guardianship Analyst fills out a report indicating the status of the person with a disability and may make recommendations for action. The Analyst’s confidential report is filed by the Office of the Public Guardian and subsequently viewed by Court staff to determine if further action is necessary. The Guardianship Analyst, as well as the Guardianship Monitoring Program itself, is an extension of the Court of Chancery and the Office of the Public Guardian and should be treated accordingly.

Persons subject to guardianship are very important and they deserve every right and protection available. You should expect to be contacted in the future by the Guardianship Monitoring Program and your cooperation with scheduling meeting times in a timely fashion is greatly appreciated. Thank you in advance for your time and effort.

Sincerely,

Sherri Hageman, M.S., Guardianship Advocacy Director

Office of the Public Guardian (302) 255-1901 or (302) 358-0782

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

|  |  |  |
| --- | --- | --- |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with a disability | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PETITION TO TRANSFER GUARDIANSHIP TO DELAWARE**

1. Information about petitioner(s):
   1. Name of petitioner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Current address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Relationship to person with a disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Information about the person with a disability:
   1. Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Permanent address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Interested parties
   1. Has the person with a disability been represented by an attorney within the last two years?

No

Yes. If “Yes”, include the name of the attorney, explain the reason and include the years of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Has someone been primarily responsible in the past six (6) months for providing care or handling the finances for the person with a disability?

No

Yes. If “Yes”, provide their name, address and phone number: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. The names and contact information of the next of kin, including anyone who would be entitled to inherit through the estate of the person with a disability if that person died without a will, a named fiduciary, executor or beneficiary. If an interested party is a minor, please provide the name and contact information for the minor’s parent or other guardian as the parent or guardian will require notice.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of interested party** | **Relationship to person with a disability** | **Address and phone number**  **of interested party** | **Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please attach a separate sheet of paper if additional space is needed

1. The marital status of the person with a disability is: (check one)

Single  Married  Divorced  Widowed

1. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_, petitioner(s) was/were appointed guardian(s) of the

Person and/or  Property/Estate by the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Has the person with a disability ever executed a Will?

No

Yes. If “Yes”, the Will is located at the following address: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is in the custody of the following person/entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Has the person with a disability ever been a member of the military:  Yes  No
2. With detailed information, explain why the guardianship needs to be transferred to Delaware .\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. List **ALL** of the assets of the person with a disability:

|  |  |  |  |
| --- | --- | --- | --- |
| **Property** | **Estimated Value** | **Retail Value** | **If jointly owned,**  **name and address**  **of co-owner** |
| Cash |  |  |  |
| Bank Accounts |  |  |  |
| Stocks/Bonds/Annuities |  |  |  |
| Mutual Funds |  |  |  |
| Securities/Options |  |  |  |
| Home/Residence |  |  |  |
| **Property** | **Estimated Value** | **Retail Value** | **If jointly owned,**  **name and address**  **of co-owner** |
| Other real estate |  |  |  |
| Motor vehicles |  |  |  |
| Business |  |  |  |
| Other valuable  property (except  ordinary household  furnishings and  clothes) |  |  |  |
| Life Insurance Policy |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

1. List ALL of the current sources of income of the person with a disability:

|  |  |  |
| --- | --- | --- |
| **Benefit or Source of Income** | **Amount** | **When received**  (*e.g.* monthly/quarterly) |
| Business (professional or self-employment) |  |  |
| Payments received for rental property |  |  |
| Interest |  |  |
| Dividends from stocks or bonds |  |  |
| Pension |  |  |
| Social Security\* |  |  |
| VA Benefits\* |  |  |
| Disability |  |  |
| IRA/401K/Annuity payments |  |  |
| Gifts |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

\*Who is the representative payee for these benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List ALL of the debts and monthly expenses of the person with a disability, including any debts incurred for care of legal dependents:

|  |  |  |
| --- | --- | --- |
| **Description of Debts**  **and Monthly Expenses/Bills** | **Total Debt** | **Monthly Payment** |
| Mortgage (including taxes, insurance and escrow) |  |  |
| Rent |  |  |
| Water |  |  |
| Sewer |  |  |
| Electric/Gas |  |  |
| Oil |  |  |
| Trash |  |  |
| Television |  |  |
| Telephone |  |  |
| Groceries |  |  |
| Household maintenance and repairs (list)  Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Clothing |  |  |
| Health insurance |  |  |
| Medication |  |  |
| Dental/out of pocket medical expenses |  |  |
| Laundry/dry cleaning |  |  |
| Cosmetics/toiletries |  |  |
| Hobbies/ Entertainment |  |  |
| Barber/Hairdresser |  |  |
| Newspaper/magazine subscription(s) |  |  |
| Child support |  |  |
| **Description of Debts**  **and Monthly Expenses/Bills** | **Total Debt** | **Monthly Payment** |
| Charitable and/or religious donations |  |  |
| Vacation |  |  |
| Public Transportation |  |  |
| Automobile:  Monthly payment  Repairs and maintenance  Insurance  Gasoline |  |  |
| Life insurance payment |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. All of the following statements must be true before the Court of Chancery will consider this petition. Check all of the following statements to acknowledge they are true:
   1. The person with a disability lives in the State of Delaware.
   2. I/We consent to the Register in Chancery of the Court being my/our agent for acceptance of service as to any claim arising out of the guardianship if, by reason of the guardian’s(s’) absence(s) from this State, I/We cannot be personally served.
   3. I/We understand the Court may require a guardianship bank account to be opened and for all of the income and assets to be deposited into the guardianship bank account. I/We wish to establish the guardianship bank account at this Delaware bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

WHEREFORE, Petitioner(s) respectfully requests the following:

* + - 1. A provisional order from this Court to transfer the guardianship from the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the State of Delaware.
      2. A final order granting the Petition to Transfer Guardianship to Delaware.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Petitioner Signature of Co-Petitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Phone number

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Chancery Court Clerk

**COURT OF CHANCERY**

**PERSONAL INFORMATION SHEET**

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form and use separate contacts on page two of this form.

In the matter of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a person with a disability

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date this form is completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In connection with the above matter, I have applied to the Court of Chancery to be appointed as guardian of the person with a disability named above. I understand that I must complete this form in full or my guardianship petition may be denied. In order to provide the Court with sufficient information to determine my qualification to serve as guardian and to assist the Court in assuring that the Court’s staff will always be able to locate and make contact with me, the following information and consent is given:

Proposed Guardian’s current full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Guardian’s physical address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Guardian’s mailing address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License number and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of supervisor and telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Address/Telephone number of spouse (if not a co-petitioner/co-guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacts**: List the information for two people who should always be able to locate or contact you and do not live at the same address as each other or the petitioner(s). If there is more than one proposed guardian, separate contacts must be listed.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorney(s) to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the person with a disability or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court’s staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the person with a disability or minor over whom guardianship has been established.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Guardian’s signature

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Chancery Court Clerk

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

A person with a disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT OF PROPOSED GUARDIAN’S HISTORY**

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form.

Proposed Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever declared bankruptcy?  Yes No

If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been convicted of a misdemeanor? Yes No

If so, describe which misdemeanor, when and in what jurisdiction you were convicted (*e.g.* State, County and Police Department). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever been convicted of a felony? Yes No

If so, describe which felony, when and in what jurisdiction you were convicted (*e.g.* State, County and Police Department). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I give the State of Delaware permission to conduct a criminal background check on me at any time during the consideration of my petition for guardianship and, if granted, at any time during the period I am guardian. I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Chancery Court Clerk Proposed guardian’s signature

**INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF PETITION TO TRANSFER GUARDIANSHIP**

It is the petitioner’s responsibility to notify the interested party(ies) when a petition is filed with the Court. This includes notifying all of the parties you listed on number three (3) of the petition and all parties you had to notify when the guardianship was established in the other State.

**Option 1 – Consent**

Any interested party may sign and have notarized a copy of the attached “Consent to Petition.”

**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” **and** a copy of your petition. You must send this by registered or certified mail, return receipt requested, or by FedEx, UPS or any other courier service that provides real-time tracking of delivery.

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

* 1. Any and all consent forms;
  2. The attached “Certificate of Mailing” (if any notices were sent); and
  3. Proof of how the mailing was sent (such as the certified mail receipts from the post office) and any proof you have that the mail was delivered.

**Unknown Address**

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 the Register’s Office.

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

|  |  |  |
| --- | --- | --- |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with a disability | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CONSENT OF THE INTERESTED PARTY TO THE PETITION TO TRANSFER THE GUARDIANSHIP TO DELAWARE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of interested party], whose relationship to the person with a disability is that of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*e.g.* mother, brother], hereby consent to the Petition to Transfer the guardianship from the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the State of Delaware without further notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interested Party’s signature

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Chancery Court Clerk

**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 |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with a disability | | | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**NOTICE OF PETITION TO**

**TRANSFER GUARDIANSHIP TO DELAWARE**

Dear Interested Parties:

This is a notice that I am/we are petitioning to transfer the guardianship of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of person with a disability] to Delaware. If you object to the petition, you must file a written objection with the Register in Chancery’s Office that has been marked above within thirteen days of the date of this notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Signature Co-Petitioner’s Signature

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with a disability | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATE OF MAILING**

1. The petitioner(s) mailed on this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a Notice of Petition and a copy of the petition to transfer guardianship to the following interested parties:

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |

1. Proof of mailing is attached

Petitioner Co-Petitioner (if applicable)

|  |  |
| --- | --- |
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Petitioner’s Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Petitioner’s Signature) | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Co-Petitioner’s Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Co-Petitioner’s Signature) |

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

|  |  |  |
| --- | --- | --- |
| IN THE MATTER OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  A person with a disability | :  :  :  : | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**AFFIDAVIT OF EFFORTS TO LOCATE**

**ADDRESS OF INTERESTED PARTY**

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 guardianship 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]:

performing an internet search for the address of the interested party;

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 missing interested party, I/We will notify the Court of his/her address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner Co-Petitioner

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public/Chancery Court Clerk

*Pursuant to Court of Chancery Rule 178B, the use of an Unsworn Declaration (see below) is permitted rather than the notary requirement.*

Petitioner Co-Petitioner (if applicable)

|  |  |
| --- | --- |
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Petitioner’s Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Petitioner’s Signature) | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.  Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Co- Petitioner’s Printed Name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Co- Petitioner’s Signature) |