

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 St., Ste. 11600
Wilmington, DE 19801
302-255-0544

Register in Chancery
Sussex County
34 The Circle
Georgetown, DE 19947
302-856-5777

Procedures for filing a Petition to Remove Co-Guardian

- The petition must be filled out completely.
 - The court clerk cannot complete the petition for you.
 - The petitioner(s) will need to have their signature(s) notarized on the petition and 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.
- The filing fee for the petition is \$60.00 plus \$2.00 per page. 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 a \$1.50 per page fee. When submitting your petition, it must be on regular 8.5 x 11 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 see the instruction sheet within this packet for additional information.
 - The co-guardian you wish to remove must receive notice of the petition or sign a consent agreeing to their removal as co-guardian.
 - If the co-guardian is being removed due to their death, a copy of their death certificate is required.
- There is additional information and forms available on the Court's website at <https://courts.delaware.gov/chancery/guardianship/index.aspx>.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the Matter of: _____ :
: C.M. #: _____
A person with a disability :

PETITION TO REMOVE CO-GUARDIAN

1. Name(s) of petitioner(s): _____

2. Information about current co-guardians:

a. Names of current co-guardians: _____

b. Addresses of current co-guardians: _____

c. Date current co-guardian(s) were appointed: _____

3. Information about the person with a disability:

a. Date of birth: _____

b. Current address: _____

c. Permanent address: _____

4. The names and addresses of any potentially interested party which includes the spouse, any next-of-kin who would be entitled to inherit through the estate of the person with a disability if that person died intestate, any person named by the person

with a disability as an executor or beneficiary or any person primarily responsible in the past six months for the care of the person or finances of the person with a disability. 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

5. The person with a disability currently receives the following income each month: _____

(List the amount of income and the source of the income, *e.g.* social security, pension, etc.)

6. The total property handled by the co-guardians is \$_____.

- a. ☐ Attached is/are the current bank statement(s) in which the assets of the person with a disability are held, or
- b. ☐ The current guardians do not hold any assets for the person with a disability.

7. The guardians

- a. ☐ Are required to file accountings and the last accounting was filed on _____, or
- b. ☐ Were relieved of the requirement of filing accountings by Court Order dated _____.

8. Name of guardian(s) you wish to be removed: _____

9. Explain why you want the co-guardian(s) to be removed:

(Please attach a separate sheet if necessary)

WHEREFORE, petitioner(s) request(s) that this Court:

1) Remove _____ [name(s) of
current co-guardian(s) to be removed] as co-guardian(s) of the person and/or
property of the person with a disability, and

2) _____ shall remain as
guardian(s) of the person and property of the person with a disability.

Signature of Co-Petitioner
(if applicable)

Signature of 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

INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF PETITION TO REMOVE CO-GUARDIAN

It is the petitioner's(s') responsibility to notify the interested parties when a petition is filed with the Court. This includes notifying all the parties you listed on number four (4) of your petition.

Option 1 – Consent

Any interested party may sign and have notarized 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” and a copy of the 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:

- a. Any and all notarized consent forms;
- b. The attached “Certificate of Mailing” (if any notices were sent); and
- c. 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.

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: _____ :
: C.M. #: _____
A person with a disability :

CONSENT TO PETITION TO REMOVE A CO-GUARDIAN

I, _____ [name of interested party], whose relationship to the person with a disability is that of _____ [e.g. mother, brother] hereby consents to the petition to remove _____ [name of person to be removed as co-guardian] as the co-guardian of the person and property of _____, a person with a disability.

(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

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IN THE MATTER OF:

_____,
A person with a disability

:
:
: C.M. # _____
:

NOTICE OF PETITION TO REMOVE CO-GUARDIAN

Dear Interested Parties:

This is a notice that I am/we are applying to remove _____
as co-guardian of the ☐ person (to make his/her medical decisions) and/or
☐ property (to make his/her financial decisions) of the person with a disability. If
you object to the petition, you must immediately contact the Register in
Chancery's Office that has been marked above within thirteen (13) 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: _____, :
: C.M. #: _____
A person with a disability :

CERTIFICATE OF MAILING

The petitioner(s) mailed on this date, _____ a copy of the

(1) Notice of Petition and (2) Petition to the following interested parties:

Name	Address

Petitioner

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)

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).

(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
petition in this matter.

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