

# ANSWER TO TERMINATION OF PARENTAL RIGHTS ("TPR") FORMS PACKET

**The sample forms within this packet are to be used as a guide in completing the blank Court forms. Please do not submit sample forms.**

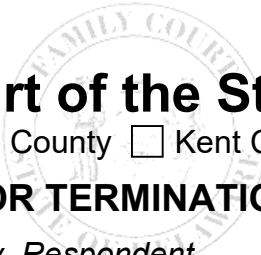
**All TPR blank and sample forms can be found on the Family Court website at: <https://courts.delaware.gov/family/tpr/forms.aspx>**

**Enclosed Blank and Sample forms:**

- 1. Answer to Petition for Termination of Parental Rights - Form 113**

**Optional Forms:**

- 2. Motion - Form 191**
- 3. Notice of Motion - Form 192**
- 4. Order - Form 193**
- 5. Consent to Transfer and Terminate Parental Rights - Form 140**
- 6. Waiver of Rights under the Servicemembers' Civil Relief Act - Form 420**
- 7. Motion & Affidavit to be Found Indigent & Request for Appointment of an Attorney in Dependency Proceedings - Form 198DN**



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## ANSWER TO PETITION FOR TERMINATION OF PARENTAL RIGHTS

*Petitioner*

*v. Respondent*

Name	Name	File Number
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Email Address	Email Address	
Attorney Name	Attorney Name	

If a hearing is scheduled in this matter, will Petitioner need an interpreter?  Yes (If yes, specify language) \_\_\_\_\_ )  No  
 If a hearing is scheduled in this matter, will Respondent need an interpreter?  Yes (If yes, specify language) \_\_\_\_\_ )  No

The Respondent hereby answers the Petition for Termination of Parental Rights ("TPR") as follows:

### **Part I**

- Petitioner(s) resides at the address stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- I (Respondent) reside at the address stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The child(ren)'s name, date of birth, and place of birth are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The parents' names and addresses are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The name(s) and address(es) of the person(s) or organization having the guardianship, care, control or custody of the child(ren) are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The name(s) and address(es) of the person(s), Department or licensed agency to whom parental rights are sought to be transferred are correctly stated on the petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_

7. **DSCYF FILED PETITIONS ONLY:** If both parents' parental rights are sought to be terminated in the Petition, the possibility of placement of the child(ren) with relatives has been explored.

- Admitted
- Denied for the following reason: \_\_\_\_\_

8. **IF THE PETITION IS FILED AGAINST ONLY ONE PARENT WITH NO ADOPTION CONTEMPLATED:** Not terminating my parental rights will result in physical or emotional harm to the child(ren).

- Admitted
- Denied for the following reason: \_\_\_\_\_

9. Termination of my parental rights is in the best interests of the child(ren).

- Admitted
- Denied for the following reason:

**Part II - Grounds for Termination of Parental Rights - 13 Del. C. §1103(a)**

*(Attach additional copies of Part II for each additional child named in the Petition for TPR)*

10. Pursuant to 13 Del. C. §§ 1103(a)(1) and 1106, I agree (consent) to the granting of this Petition and I have provided a signed and notarized *Consent to Termination and Transfer of Parental Rights* (Form 140) to the Petitioner for filing with the Court.

- Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.
- Admitted
- Denied for the following reason:

**INTENTIONAL ABANDONMENT:**

11. Pursuant to 13 Del. C. § 1103(a)(2), I have intentionally abandoned the child as evidenced by the fact that one of the following statements made in the Petition is true:

- i. The child is younger than 6 months old at the time of filing the Petition **AND** I failed to pay reasonable prenatal, natal, and postnatal expenses for the child **AND** I failed to visit regularly with the child or file a petition for visitation with the Court **AND** I failed to 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).

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason(s):

ii. The child is at least 6 months old at the time of filing of the Petition **AND** for at least 6 consecutive months (6 months in a row), I failed to communicate or visit regularly with the child **AND** I failed to 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).

- Not applicable because the above statement was not alleged by Petitioner in TPR petition.
- Admitted
- Denied for the following reason:

iii. The child is younger than 6 years old at the time of filing the Petition **AND** I have manifested (shown) an unwillingness to exercise my parental rights and responsibilities as evidenced by my placing the child in circumstances that left the child in substantial risk of injury or death.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

**UNINTENTIONAL ABANDONMENT:**

12. Pursuant to 13 *Del. C.* 1103(a)(3), I have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before this Petition was filed, I failed to communicate or visit regularly with the child **AND** I failed to file or pursue a pending petition to establish paternity or to establish a right to have contact or visitation with the child **AND** I failed to 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) **AND at least 1 of the following circumstances applies:**

i. The child is not in the other parent's legal and physical custody and I am not able or willing promptly to assume legal and physical custody of the child, and to pay reasonable support for the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

ii. **OR** the child is in the legal and physical custody of the *other* parent and stepparent, and the stepparent is the prospective adoptive parent, and I am not able or willing to promptly establish and maintain contact with the child and pay reasonable support for the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

iii. **OR** placing the child in my legal and physical custody would pose a risk of substantial harm to the child's physical or psychological well-being because the circumstances of the child's conception, my behavior during the mother's pregnancy or since the child's birth, or my behavior with respect to another child indicates that I am unfit to maintain a relationship of parent and child with the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

iv. **OR** failure to terminate my parental rights over the child would be detrimental to the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

**CONVICTION OR ADJUDICATION:**

13. I have been convicted or adjudicated of any of the following (or substantially similar offense in another jurisdiction):

- i. A felony level offense against a person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**

- ii. Aided, abetted, attempted, conspired, or solicited to commit a felony level offense against a person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
- iii. *Dealing in Children* or attempting to deal in children under § 1100A of Title 11; **OR**
- iv. Felony level endangering the welfare of a child under § 1102 of Title 11; **OR**
- v. Murder or manslaughter of the other parent of the child who is the subject of the petition; **OR**
- vi. Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the other parent of the child who is the subject of this petition.
  - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
  - Admitted
  - Denied for the following reason:

**FAILURE TO PLAN:**

14. **DSCYF OR LICENSED AGENCY:** The child is in DSCYF custody or placed by a licensed agency and I am not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development, **and at least 1 of the following conditions are met:**
- i. the child has been in DSCYF custody or placed by a licensed agency for at least 1 year; **OR**
  - ii. the child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant; **OR**
  - iii. DSCYF previously had custody of the child or another child of mine; **OR**
  - iv. I have a history of dependency, neglect, abuse, or lack of care of the child or another child; **OR**
  - v. I am incapable of discharging parental responsibilities due to extended or repeated incarceration.
    - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
    - Admitted
    - Denied for the following reason:

15. **PRIVATE:** At the time of the Termination of Parental Rights Hearing, the child will be a dependent child or neglected child in my care and **ALL** of the following are true:
- i. the Petitioner is the child's parent, guardian, permanent guardian, or relative; **AND**
  - ii. the child has resided in the Petitioner's home for at least 1 year; **AND**
  - iii. I have failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition; **AND**
  - iv. I am unlikely to be able to remedy the dependency or neglect in the near future.
    - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
    - Admitted
    - Denied for the following reason:

16. **PRIOR INVOLUNTARY TERMINATION:** My parental rights over another child have been involuntarily terminated.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

17. **ABUSE:** I have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

18. **UNEXPLAINED SERIOUS INJURY OR DEATH:** A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from my intentional or reckless conduct or my willful neglect.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

\_\_\_\_\_  
Respondent/Attorney

\_\_\_\_\_  
Print Name

SWORN TO AND SUBSCRIBED before me this date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (Notary)

\_\_\_\_\_  
Notary Public

**NOTE: A copy of this answer must be sent to the Petitioner.**



### AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date,  
\_\_\_\_\_, and sent to the Petitioner or the attorney address listed on the Petition, being  
\_\_\_\_\_, first class  
postage pre-paid.

\_\_\_\_\_  
Respondent/Attorney

\_\_\_\_\_  
Print Name

SWORN TO AND SUBSCRIBED before me on this date, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

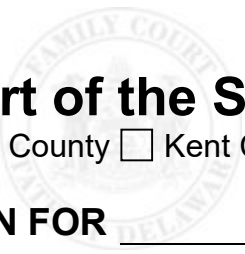
\_\_\_\_\_  
Print Name

# **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.**



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## MOTION FOR \_\_\_\_\_

### *Petitioner*

### *Respondent*

Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
Date of Birth	Date of Birth	
Attorney Name	Attorney Name	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	

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

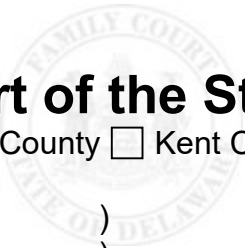
\_\_\_\_\_  
Clerk of Court/Notary Public

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

\_\_\_\_\_  
Clerk of Court/Notary Public



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_ ,  
 Petitioner )  
 )  
 v. )  
 )  
 \_\_\_\_\_ ,  
 Respondent )  
 )  
 )  
 )

File No.: \_\_\_\_\_

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).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Movant/Attorney

\_\_\_\_\_  
Print Name

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



# The Family Court of the State of Delaware

(1) In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_  
(2)  
Petitioner  
  
v.  
  
\_\_\_\_\_  
(3)  
Respondant

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

File No.: \_\_\_\_\_ (4)

Petition No.: \_\_\_\_\_ (5)

## NOTICE OF MOTION

TO: (6)

PLEASE TAKE NOTICE that the attached Motion (7) \_\_\_\_\_ 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).

\_\_\_\_\_  
(8)  
Petitioner/Attorney

\_\_\_\_\_  
(9)  
Date

\_\_\_\_\_  
(10)  
Movant/Attorney

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

## FAMILY COURT FORMS INSTRUCTIONAL MANUAL

SUBJECT: Form 192, Notice of Motion (Motion Package)

### I. Definition

Form 192 is one of two documents that must accompany a motion at the time it is filed in Family Court in accordance with Family Court Rule 7(b)(1). Its purpose is to act as an informational cover sheet which the movant attaches to the copy of the motion that he/she is sending to the other party(ies) in the matter. In this way, the other party(ies) are notified that a motion has been filed in Family Court on a matter in which they have an interest.

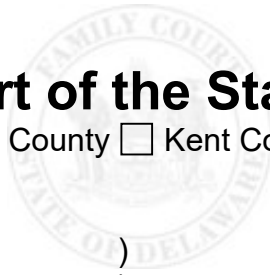
### II. Preparation

Form 192 is prepared by the movant, or party filing the motion. The original is submitted along with the motion (Form 191) and the form of order (Form 193) at the time of the filing of the motion in Family Court. It is the responsibility of the movant to send a copy of all three forms, completed as appropriate, to the other party(ies). Once it has been filed with the Court, the motion package is sent to Case Processing and then to a judge/commissioner for review. The notice of motion must be served according to Family Court Civil Rule 5(c).

### III. Components

The following is entered in the appropriately numbered area(s):

1. An "x" to indicate the appropriate county of the Court.
2. The name of the petitioner.
3. The name of the respondent.
4. The Family Court file number (if known).
5. The Family Court petition number (if known).
6. The names and addresses of the parties to the case and of their attorneys, if applicable.
7. The type of motion being filed.
8. The signature of the attorney/party filing the motion.
9. The date that the motion is being filed.
10. The name and address of the attorney/party filing the motion.



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_ ,  
Petitioner

v.

\_\_\_\_\_ ,  
Respondent

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

File No.: \_\_\_\_\_

Petition No.: \_\_\_\_\_

In Re: \_\_\_\_\_

## ORDER

Having considered the request of the movant, \_\_\_\_\_ , \_\_\_\_\_

**IT IS SO ORDERED**, this date: \_\_\_\_\_

That

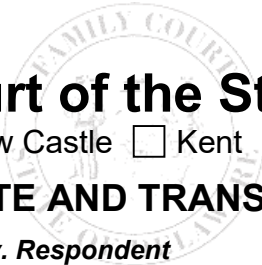
\_\_\_\_\_  
Judge/Commissioner

CC:  Petitioner  Petitioner's Attorney \_\_\_\_\_

Respondent  Respondent's Attorney \_\_\_\_\_

DAG  PD  Fiscal Services  DCSS  FC.Appointed.Attorneys@delaware.gov

Other \_\_\_\_\_



# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

**Petitioner**

**v. Respondent**

Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City <span style="float: right;">State    Zip Code</span>	City <span style="float: right;">State    Zip Code</span>	
D.O.B.	D.O.B.	
Email Address	Email Address	
Attorney Name	Attorney Name	

1. I, \_\_\_\_\_, am the  Mother  Father  Presumed Father of the following children:

\_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:

The Department of Services for Children, Youth, and Their Families or an approved adoption agency, namely: \_\_\_\_\_

Chosen Adopted Parents: \_\_\_\_\_

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

(a) **within fourteen (14) days of executing this consent**, I deliver written notification of revocation to whom the parental rights are to be transferred that I revoke my consent; **OR**

(b) I comply with the following instruction for revocation: \_\_\_\_\_ ; **OR**

(c) the agency or individual that accepted the consent and I agree to its revocation.

6. I also understand that the Court may set aside my consent if I establish:

(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.



- 7. I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
- 8. I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
- 9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, 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, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division 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 my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
  - my right to service of process;
  - my right to notice of such a hearing;
  - my right to attend the hearing.
- 11. I would like to receive a copy of the final order of the Court. Yes No
- 12.  The attorney who represents me regarding this consent is:  
Any questions that I have about this consent were answered by my attorney.  
 I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney.
- 13. I understand that I will receive a copy of my signed consent.
- 14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

\_\_\_\_\_ at \_\_\_\_\_ (AM/PM)  
*Date and Time Signed*

\_\_\_\_\_  
*Signature of Consenting Parent*

*Location of Signing*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>Printed Name of Consenting Parent</i>		
<i>Mailing Address of Consenting Parent</i>		
<i>Street Address</i>		
<i>P.O. Box Number</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date of Birth of Consenting Parent</i>		

## TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, \_\_\_\_\_, the  mother  father  presumed father of  
\_\_\_\_\_, who was born on \_\_\_\_\_, do state that I:  
(Child's Name)

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 or 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consenting Party

## 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 or commissioner 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 or 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 the consent and understood it;
5. To the best of my knowledge and belief, the consenting party 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.

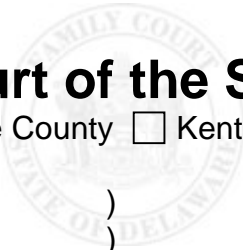
\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Person  
(printed name)

\_\_\_\_\_  
Authorized Person  
(signature)

Agency: \_\_\_\_\_

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



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) File No.: \_\_\_\_\_  
Petitioner, \_\_\_\_\_)  
and \_\_\_\_\_)  
\_\_\_\_\_) Petition No.: \_\_\_\_\_  
\_\_\_\_\_) Respondent, \_\_\_\_\_)

## **WAIVER OF RIGHTS UNDER THE** **“SERVICEMEMBERS CIVIL RELIEF ACT”**

STATE OF DELAWARE \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ COUNTY ) ss.

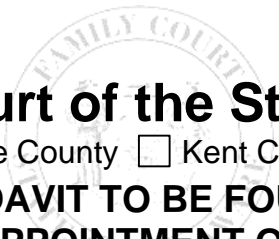
BE IT REMEMBERED, that on this date, \_\_\_\_\_, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, \_\_\_\_\_, (“Affiant”), who, being duly sworn by me according to law, did depose and say:

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



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## MOTION AND AFFIDAVIT TO BE FOUND INDIGENT AND REQUEST FOR APPOINTMENT OF AN ATTORNEY IN DEPENDENCY PROCEEDINGS

<i>Petitioner</i>		<i>Respondent</i>		File Number
Name		Name		
Street Address (including Apt)		Street Address (including Apt)		
P.O. Box Number		P.O. Box Number		
City/State/Zip Code		City/State/Zip Code		
Phone Number	D.O.B.	Phone Number	D.O.B.	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language		

I am the respondent in the above-captioned case, and I can not afford an attorney. I respectfully request the Court to appoint counsel.

I  am  am not presently employed.

Current monthly salary: \$ \_\_\_\_\_  
 If not employed, monthly salary from previous job: \$ \_\_\_\_\_  
 (Date last employed: \_\_\_\_\_ )

If self-employed, average monthly income: \$ \_\_\_\_\_

**TOTAL income from employment (a):** \$ \_\_\_\_\_

I receive monthly payments from the following:

Pension: \$ \_\_\_\_\_  
 Unemployment Compensation: \$ \_\_\_\_\_  
 Worker's Compensation or disability payments: \$ \_\_\_\_\_  
 Interest or dividends: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**TOTAL income from monthly payments (b):** \$ \_\_\_\_\_

**TOTAL from employment and payments (a+b):** \$ \_\_\_\_\_

Monthly payments and living expenses:

Child Support: \$ \_\_\_\_\_  
 Mortgage / Rent: \$ \_\_\_\_\_  
 Automobile loan: \$ \_\_\_\_\_  
 Personal or other loan: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Health Insurance: \$ \_\_\_\_\_  
 Automobile Insurance: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**TOTAL monthly payments on debts (c):** \$ \_\_\_\_\_

**AVAILABLE INCOME (a+b-c)** \$ \_\_\_\_\_

I have \$ \_\_\_\_\_ In cash and \$ \_\_\_\_\_ In checking and/or savings accounts.

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

I have received money from the following sources in the last 12 months:

Life Insurance: \$ \_\_\_\_\_  
Other sources: \$ \_\_\_\_\_

Gifts or inheritance: \$ \_\_\_\_\_

I own the following, including estimated value:

Real Estate: \$ \_\_\_\_\_  
Cars or other vehicles: \$ \_\_\_\_\_

Stocks or Bonds: \$ \_\_\_\_\_  
Other Property: \$ \_\_\_\_\_

If an attorney does not represent me in this case there is a risk that the procedures used will lead to an erroneous decision because: \_\_\_\_\_

Reasons why I can not afford an attorney: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this date,

\_\_\_\_\_  
Notary Public Signature                      Date                      \_\_\_\_\_  
\_\_\_\_\_  
Movant Signature  
\_\_\_\_\_  
Movant Print Name

*Do not sign until you are in the presence of a Notary Public.*

**NOTICE: Intentionally providing false, incomplete or misleading information on this form may result in criminal prosecution.**

**AFFIDAVIT OF MAILING**

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

\_\_\_\_\_  
Movant

Sworn to subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Clerk of Court/ Notary Public

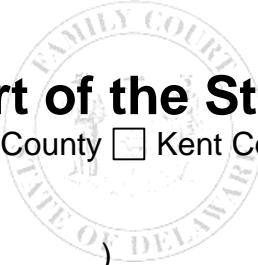
**ORDER**

Having considered the request of the movant, \_\_\_\_\_ ,  
**IT IS SO ORDERED**, this  
date: \_\_\_\_\_

That the movant  is determined to be indigent, and the Court shall appoint counsel to represent him/her.  
 is determined to not be indigent.

\_\_\_\_\_  
Judge/Commissioner Print Name                      Judge/Commissioner Signature

CC:  Petitioner  Respondent  Petitioner Attorney  Respondent Attorney  DAG  Appointed Counsel  
 FC.Appointed.Attorneys@delaware.gov  Other: \_\_\_\_\_



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Respondent

)  
)  
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)  
)  
)  
)  
)  
)  
)

File No.: \_\_\_\_\_

Petition No.: \_\_\_\_\_

## NOTICE OF MOTION

TO:

PLEASE TAKE NOTICE that the attached Motion \_\_\_\_\_  
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).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Movant/Attorney

\_\_\_\_\_  
Print Name

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

# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## ANSWER TO PETITION FOR TERMINATION OF PARENTAL RIGHTS

Check the County in which you are filing

*Petitioner*

*v. Respondent*

Name	Name	File Number 21-12345
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Petition Number CK21-12345
City State Zip Code	City State Zip Code	
Email Address	Email Address	Write in the file and petition number if known
Attorney Name	Attorney Name	

If a hearing is scheduled in this matter, will Petitioner need an interpreter?  Yes (If yes, specify language) \_\_\_\_\_ )  No  
If a hearing is scheduled in this matter, will Respondent need an interpreter?  Yes (If yes, specify language) \_\_\_\_\_ )  No

The Respondent hereby answers the Petition for Termination of Parental Rights ("TPR") as follows:

### Part I

- Petitioner(s) resides at the address stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- I (Respondent) reside at the address stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The child(ren)'s name, date of birth, and place of birth are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The parents' names and addresses are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The name(s) and address(es) of the person(s) or organization having the guardianship, care, control or custody of the child(ren) are correctly stated on the Petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_
- The name(s) and address(es) of the person(s), Department or licensed agency to whom parental rights are sought to be transferred are correctly stated on the petition.  
 Admitted  
 Denied for the following reason: \_\_\_\_\_

Read carefully and check the appropriate box depending on whether you admit or deny what the Petitioner stated in their petition. If you deny their statement, you should explain why. Use additional paper if need be.

**Read carefully and answer and check all boxes that apply**

7. **DSCYF FILED PETITIONS ONLY:** If both parents' parental rights are sought to be terminated in the Petition, the possibility of placement of the child(ren) with relatives has been explored.

- Admitted
- Denied for the following reason: \_\_\_\_\_

8. **IF THE PETITION IS FILED AGAINST ONLY ONE PARENT WITH NO ADOPTION CONTEMPLATED:** Not terminating my parental rights will result in physical or emotional harm to the child(ren).

- Admitted
- Denied for the following reason: \_\_\_\_\_

9. Termination of my parental rights is in the best interests of the child(ren).

- Admitted
- Denied for the following reason:

**Part II - Grounds for Termination of Parental Rights - 13 Del. C. §1103(a)**  
**(Attach additional copies of Part II for each additional child named in the Petition for TPR)**

10. Pursuant to 13 Del. C. §§ 1103(a)(1) and 1106, I agree (consent) to the granting of this Petition and I have provided a signed and notarized *Consent to Termination and Transfer of Parental Rights* (Form 140) to the Petitioner for filing with the Court.

- Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.
- Admitted
- Denied for the following reason:

**INTENTIONAL ABANDONMENT:**

11. Pursuant to 13 Del. C. § 1103(a)(2), I have intentionally abandoned the child as evidenced by the fact that one of the following statements made in the Petition is true:

- i. The child is younger than 6 months old at the time of filing the Petition **AND** I failed to pay reasonable prenatal, natal, and postnatal expenses for the child **AND** I failed to visit regularly with the child or file a petition for visitation with the Court **AND** I failed to 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).

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason(s):



**Read carefully and answer and check all boxes that apply**

ii. The child is at least 6 months old at the time of filing of the Petition **AND** for at least 6 consecutive months (6 months in a row), I failed to communicate or visit regularly with the child **AND** I failed to 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).

- Not applicable because the above statement was not alleged by Petitioner in TPR petition.
- Admitted
- Denied for the following reason:

iii. The child is younger than 6 years old at the time of filing the Petition **AND** I have manifested (shown) an unwillingness to exercise my parental rights and responsibilities as evidenced by my placing the child in circumstances that left the child in substantial risk of injury or death.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

**UNINTENTIONAL ABANDONMENT:**

12. Pursuant to 13 *Del. C.* 1103(a)(3), I have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before this Petition was filed, I failed to communicate or visit regularly with the child **AND** I failed to file or pursue a pending petition to establish paternity or to establish a right to have contact or visitation with the child **AND** I failed to 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) **AND at least 1 of the following circumstances applies:**

i. The child is not in the other parent's legal and physical custody and I am not able or willing promptly to assume legal and physical custody of the child, and to pay reasonable support for the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

**Read carefully and answer and check all boxes that apply**

ii. **OR** the child is in the legal and physical custody of the *other* parent and stepparent, and the stepparent is the prospective adoptive parent, and I am not able or willing to promptly establish and maintain contact with the child and pay reasonable support for the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

iii. **OR** placing the child in my legal and physical custody would pose a risk of substantial harm to the child's physical or psychological well-being because the circumstances of the child's conception, my behavior during the mother's pregnancy or since the child's birth, or my behavior with respect to another child indicates that I am unfit to maintain a relationship of parent and child with the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

iv. **OR** failure to terminate my parental rights over the child would be detrimental to the child.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

**CONVICTION OR ADJUDICATION:**

13. I have been convicted or adjudicated of any of the following (or substantially similar offense in another jurisdiction):

- i. A felony level offense against a person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**

**Read carefully and answer and check all boxes that apply**

- ii. Aided, abetted, attempted, conspired, or solicited to commit a felony level offense against a person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
- iii. *Dealing in Children* or attempting to deal in children under § 1100A of Title 11; **OR**
- iv. Felony level endangering the welfare of a child under § 1102 of Title 11; **OR**
- v. Murder or manslaughter of the other parent of the child who is the subject of the petition; **OR**
- vi. Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the other parent of the child who is the subject of this petition.
  - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
  - Admitted
  - Denied for the following reason:

**FAILURE TO PLAN:**

14. **DSCYF OR LICENSED AGENCY:** The child is in DSCYF custody or placed by a licensed agency and I am not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development, **and at least 1 of the following conditions are met:**
- i. the child has been in DSCYF custody or placed by a licensed agency for at least 1 year; **OR**
  - ii. the child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant; **OR**
  - iii. DSCYF previously had custody of the child or another child of mine; **OR**
  - iv. I have a history of dependency, neglect, abuse, or lack of care of the child or another child; **OR**
  - v. I am incapable of discharging parental responsibilities due to extended or repeated incarceration.
    - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
    - Admitted
    - Denied for the following reason:

15. **PRIVATE:** At the time of the Termination of Parental Rights Hearing, the child will be a dependent child or neglected child in my care and **ALL** of the following are true:
- i. the Petitioner is the child's parent, guardian, permanent guardian, or relative; **AND**
  - ii. the child has resided in the Petitioner's home for at least 1 year; **AND**
  - iii. I have failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition; **AND**
  - iv. I am unlikely to be able to remedy the dependency or neglect in the near future.
    - Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
    - Admitted
    - Denied for the following reason:

**Read carefully and answer and check all boxes that apply**

16. **PRIOR INVOLUNTARY TERMINATION:** My parental rights over another child have been involuntarily terminated.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

17. **ABUSE:** I have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

18. **UNEXPLAINED SERIOUS INJURY OR DEATH:** A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from my intentional or reckless conduct or my willful neglect.

- Not applicable because the above statement was not alleged by Petitioner in the TPR petition.
- Admitted
- Denied for the following reason:

Only sign in the presence of a Notary or Clerk of the Court

\_\_\_\_\_  
Respondent/Attorney

\_\_\_\_\_  
Print Name

SWORN TO AND SUBSCRIBED before me this date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (Notary)

\_\_\_\_\_  
Notary Public

**NOTE: A copy of this answer must be sent to the Petitioner.**

Complete and sign this section  
in the presence of a Notary or  
Clerk of the Court

### AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date,  
\_\_\_\_\_,  
and sent to the Petitioner or the attorney address listed on the Petition, being  
\_\_\_\_\_, first class  
postage pre-paid.

\_\_\_\_\_  
Respondent/Attorney

\_\_\_\_\_  
Print Name

SWORN TO AND SUBSCRIBED before me on this date, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name

# **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.**

# The Family Court of the State of Delaware

Indicate here why you are motioning the Court.

In and For  New Castle  Kent  Sussex County

Check the box of the county where you are filing.

## MOTION FOR Dismissal

### Petitioner

### Respondent

Name <b>Ann C. Smith</b>
Street Address (including Apt) <b>101 Oak Street</b>
P.O. Box Number
City/State/Zip Code <b>Dover, DE 19901</b>
Date of Birth <b>4/1/1965</b>
Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language

Name <b>Michelle Jones</b>
Street Address (including Apt) <b>123 State Street</b>
P.O. Box Number
City/State/Zip Code <b>Dover, DE 19901</b>
Date of Birth <b>9/18/1965</b>
Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language

File Number <b>CK04-12111</b>
Petition Number

Fill in the File and Petition numbers if you know them.

A PROCEEDING involving TPR Write the name of the Petition Filed having been filed heretofore in this Court, Movant hereby moves the Court for a Dismissal Indicate here why you are motioning the Court. and, in support thereof, alleges the following facts:

The allegations on the Petition are incorrect and incomplete. #6 on the Grounds for Termination of Parental Rights is incomplete and incorrect. I do plan adequately for the physical, emotional and mental needs of my child. The Petitioner failed to indicate why they feel as though I do not.

Detail why you feel the Petition should be dismissed.

Only sign in the presence of a Notary or Clerk of the Court

SWORN TO AND SUBSCRIBED before me this date,

December 15, 2005

*Donna King*

Clerk of Court/Notary Public

*Michelle Jones*

Movant/Attorney

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date December 15, 2005, and sent to the other party or attorney at the address listed on the petition, being 101 Oak Street, Dover, DE 19901, first class postage pre-paid.

SWORN TO AND SUBSCRIBED before me this date,

December 15, 2005

*Donna King*

Clerk of Court/Notary Public

Only sign in the presence of a Notary or Clerk of the Court

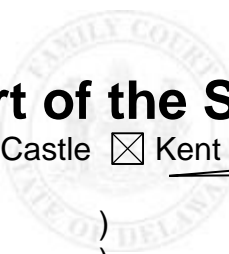
*Michelle Jones*

Movant/Attorney

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

Check the box of the county where you are filing.



Anne Smith ,  
Petitioner )  
v. )  
Michelle Jones ,  
Respondent )

File No.: CK04-12111

Petition No.: 04-12345

Fill in the file and petition numbers if known.

## NOTICE OF MOTION

TO: Anne Smith  
101 Oak Street  
Dover, DE 19901

Fill in the address of the person of whom you are sending a notice.

Fill in the type of motion you have requested the Court to consider.

PLEASE TAKE NOTICE that the attached Motion for Dismissal 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).

3/5/2005

Date

Fill in the date, your signature and your address.

*Michelle Jones*

Movant/Attorney Signature

Name and address of Movant/Attorney
<b>Michelle Jones</b>
Street Address (including Apt)
<b>123 State Street</b>
P.O. Box Number
City/State/Zip Code
<b>Dover, DE 19901</b>





# The Family Court of the State of Delaware

(1) In and For  New Castle  Kent  Sussex County

\_\_\_\_\_  
 (2)  
 Petitioner  
 v.  
 \_\_\_\_\_  
 (3)  
 Respondant

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

File No.: \_\_\_\_\_ (4)

Petition No.: \_\_\_\_\_ (5)

## NOTICE OF MOTION

TO: (6)

PLEASE TAKE NOTICE that the attached Motion (7) \_\_\_\_\_ 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).

\_\_\_\_\_  
 (8)  
 Petitioner/Attorney

\_\_\_\_\_  
 (9)  
 Date

\_\_\_\_\_  
 (10)  
 Movant/Attorney

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

## FAMILY COURT FORMS INSTRUCTIONAL MANUAL

SUBJECT: Form 192, Notice of Motion (Motion Package)

### I. Definition

Form 192 is one of two documents that must accompany a motion at the time it is filed in Family Court in accordance with Family Court Rule 7(b)(1). Its purpose is to act as an informational cover sheet which the movant attaches to the copy of the motion that he/she is sending to the other party(ies) in the matter. In this way, the other party(ies) are notified that a motion has been filed in Family Court on a matter in which they have an interest.

### II. Preparation

Form 192 is prepared by the movant, or party filing the motion. The original is submitted along with the motion (Form 191) and the form of order (Form 193) at the time of the filing of the motion in Family Court. It is the responsibility of the movant to send a copy of all three forms, completed as appropriate, to the other party(ies). Once it has been filed with the Court, the motion package is sent to case processing and then to a Judge/Commissioner for review. The notice of motion must be served according to Family Court Civil Rule 5(c).

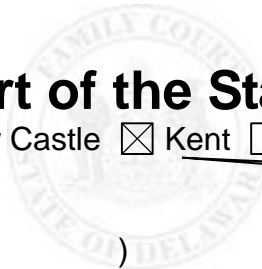
### III. Components

The following is entered in the appropriately numbered area(s):

1. An "x" to indicate the appropriate county of the Court.
2. The name of the petitioner.
3. The name of the respondent.
4. The Family Court file number (if known).
5. The Family Court petition number (if known).
6. The names and addresses of the parties to the case and of their attorneys, if applicable.
7. The type of motion being filed.
8. The signature of the attorney/party filing the motion.
9. The date that the motion is being filed.
10. The name and address of the attorney/party filing the motion.

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County



Check the county in which you are filing.

Anne Smith  
Petitioner

v.

Michelle Jones,  
Respondent

)  
)  
)  
)  
)  
)  
)  
)  
)

File No.: CK04-12111

Petition No.: 04-12345

In Re: Motion of Dismissal

Complete the entire top portion and your name as the movant and leave the rest of the order blank.

## ORDER

Having considered the request of the movant, Michelle Jones,

**IT IS SO ORDERED**, this date: \_\_\_\_\_

That

\_\_\_\_\_  
Judge/Commissioner

- CC:  Petitioner     Respondent     Petitioner Attorney     Respondent Attorney     DAG  
 PD     Fiscal Services     DCSS     FC.Appointed.Attorneys@state.de.us  
 Other \_\_\_\_\_

**This form should be completed and signed in the presence of a person authorized to take consents to terminate parental rights. See the bottom of page 3**

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Check the county in which you are filing

**Petitioner**

**v. Respondent**

Name	Name
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
D.O.B.	D.O.B.
Email Address	Email Address
Attorney Name	Attorney Name

File Number
Petition Number

Write in the file and petition number if known

Enter all information on Petitioner and Respondent if known

1. I, \_\_\_\_\_, am the  Mother  Father  Presumed Father of the following children:

\_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_  
 \_\_\_\_\_, born on \_\_\_\_\_

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:

The Department of Services for Children, Youth, and Their Families  
 namely: \_\_\_\_\_  
 Chosen Adopted Parents: \_\_\_\_\_

Read each question carefully and enter as much information as possible. If you are unclear on any question, seek the guidance of an attorney

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

- (a) **within fourteen (14) days of executing this consent**, I deliver written notification of revocation to whom the parental rights are to be transferred that I revoke my consent; **OR**
- (b) I comply with the following instruction for revocation: \_\_\_\_\_ ; **OR**
- (c) the agency or individual that accepted the consent and I agree to its revocation.

6. I also understand that the Court may set aside my consent if I establish:

- (a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or
- (b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.

7. I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
8. I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, 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, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division 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 my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
  - my right to service of process;
  - my right to notice of such a hearing;
  - my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court. Yes No
12.  The attorney who represents me regarding this consent is:  
Any questions that I have about this consent were answered by my attorney.  
 I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney.
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ at _____ (AM/PM) <i>Date and Time Signed</i>	_____ <i>Signature of Consenting Parent</i>			
Only sign this consent in the presence of a person authorized to take consents to TPR	_____ <i>Printed Name of Consenting Parent</i>			
_____ <i>Location of Signing</i>	_____ <i>Mailing Address of Consenting Parent</i>			
_____	_____ <i>Street Address</i>			
_____	_____ <i>P.O. Box Number</i>			
_____	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; text-align: center;">                     _____  <i>City</i> </td> <td style="width: 15%; border-bottom: 1px solid black; text-align: center;">                     _____  <i>State</i> </td> <td style="width: 25%; border-bottom: 1px solid black; text-align: center;">                     _____  <i>Zip Code</i> </td> </tr> </table>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>		
_____	_____ <i>Date of Birth of Consenting Parent</i>			

## TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, \_\_\_\_\_, the  mother  father  presumed father of  
\_\_\_\_\_ who was born on \_\_\_\_\_, do state that I:  
(Child's Name)

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 or 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.

Only sign this consent in the presence of a person authorized to take consents to TPR

\_\_\_\_\_ *Consenting Party*

### 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 or commissioner 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 or 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 the consent and understood it;
5. To the best of my knowledge and belief, the consenting party 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

Check the county in which you are filing.

Anne C. Smith

Petitioner,

and

Michelle Jones

Respondent,

File No.: CK04-0221

Petition No.: 07-1553

You must file a separate form for each respondent

## WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE

Fill in the county in which you are filing

Kent

COUNTY

SS.

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this date, December 15, 2005, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, Michelle Jones, ("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" so acknowledges that he/she, or his/her attorney, will be required to time appear at all legal proceedings associated with the above captioned case.

The "Affiant" is the respondent. ONLY the Respondent may complete this form. If you are the Petitioner in this proceeding, you may not fill out this form

Sign in the presence of a notary or Court staff

Michelle Jones

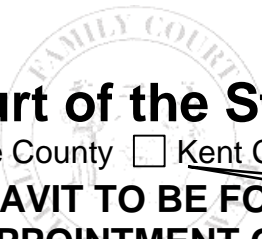
Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, December 15, 2005

Signed by notary or Court Staff

Donna King

Notary Public or Clerk of Court



# The Family Court of the State of Delaware

For  New Castle County  Kent County  Sussex County

## PETITION AND AFFIDAVIT TO BE FOUND INDIGENT REQUEST FOR APPOINTMENT OF AN ATTORNEY IN DEPENDENCY PROCEEDINGS

Enter the Petitioner's information here. You will find it on the copy of the original petition.

Check the County in which you are filing

Petitioner		Respondent	
Name		Name	
Street Address (including Apt)		Street Address (including Apt)	
P.O. Box Number		P.O. Box Number	
City/State/Zip Code		City/State/Zip Code	
Phone Number	D.O.B.	Phone Number	D.O.B.
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language		Language	

File Number
Petition Number

Enter your information. You are the Respondent.

Enter the file and petition numbers. You will find them on the copy of the original petition.

I am the respondent in the above-captioned case, and I can not afford an attorney. I respectfully request appointment of counsel.

I  am  am not presently employed.

Current monthly salary:  
If not employed, monthly salary from previous job:  
(Date last employed: \_\_\_\_\_)

Enter all information that applies to your circumstances.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

If self-employed, average monthly income:

**TOTAL income from employment (a):** \$ \_\_\_\_\_

I receive monthly payments from the following:

Pension:  
Unemployment Compensation:  
Worker's Compensation or disability payments:  
Interest or dividends:  
Other:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL income from monthly payments (b):** \$ \_\_\_\_\_

**TOTAL from employment and payments (a+b):** \$ \_\_\_\_\_

Monthly payments and living expenses:

Child Support:  
Mortgage / Rent:  
Automobile loan:  
Personal or other loan:  
Utilities:  
Food:  
Health Insurance:  
Automobile Insurance:  
Other:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTAL monthly payments on debts (c):** \$ \_\_\_\_\_

**AVAILABLE INCOME (a+b-c)** \$ \_\_\_\_\_

I have \$ \_\_\_\_\_ in cash and \$ \_\_\_\_\_ in checking and/or savings accounts.



Continue to enter all information that applies to your circumstances.

**OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:**

I have received money from the following sources in the last 12 months:

Life Insurance: \$ \_\_\_\_\_  
Other sources: \$ \_\_\_\_\_

Gifts or inheritance: \$ \_\_\_\_\_

I own the following, including estimated value:

Real Estate: \$ \_\_\_\_\_  
Cars or other vehicles: \$ \_\_\_\_\_

Stocks or Bonds: \$ \_\_\_\_\_  
Other Property: \$ \_\_\_\_\_

If an attorney does not represent me in this case there is a risk that the procedures used will lead to an erroneous decision because: \_\_\_\_\_

Reasons why I can not afford an attorney: \_\_\_\_\_

You will sign and print your name here in the presence of a Notary.

SWORN TO AND SUBSCRIBED before me this date,

\_\_\_\_\_  
Notary Public Signature                      Date                      \_\_\_\_\_  
\_\_\_\_\_  
Movant Signature  
\_\_\_\_\_  
Movant Print Name

*Do not sign until you are in the presence of a Notary Public.*

**NOTICE: Intentionally providing false, incomplete or misleading information on this form may result in criminal prosecution.**

**AFFIDAVIT OF MAILING**

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

Sworn to subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Movant

\_\_\_\_\_  
Clerk of Court/ Notary Public

You will mail a copy of this Motion to the other party. Sign this portion in the presence of a Notary

**ORDER**

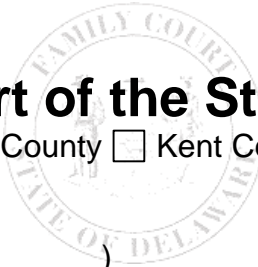
Having considered the request of the movant, \_\_\_\_\_, **IT IS SO ORDERED**, this date: \_\_\_\_\_

Leave this section blank. The Judicial Officer will complete.

That the movant  is determined to be indigent, and the Court shall appoint counsel to represent him/her.  is determined to not be indigent.

\_\_\_\_\_  
Judge/Commissioner Print Name                      Judge/Commissioner Signature

CC:  Petitioner  Respondent  Petitioner Attorney  Respondent Attorney  DAG  Appointed Counsel  
 FC.Appointed.Attorneys@delaware.gov  Other: \_\_\_\_\_



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

\_\_\_\_\_  
Petitioner  
v.  
\_\_\_\_\_  
Respondent

File No.: \_\_\_\_\_  
Petition No.: \_\_\_\_\_

## NOTICE OF MOTION

Complete this information

TO:

Enter the address of the Petitioner.

Enter the name of the Motion

PLEASE TAKE NOTICE that the attached Motion \_\_\_\_\_ 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).

You will date and sign your name here in the presence of a Notary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Movant/Attorney

### Print Name

Enter your information here

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