



**The Family Court of the State of Delaware**

# **Adoption With DSCYF Involvement**

## **Minipacket**

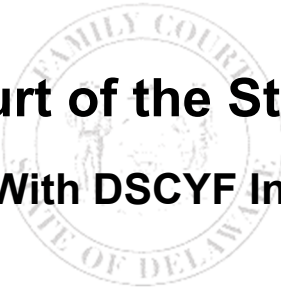
1003S – Adoption With DSCYF Involvement

FAQ

Rev 2/2023

# The Family Court of the State of Delaware

## Adoption With DSCYF Involvement



### 1. What is an Adoption?

- The intent of an adoption is to legally and permanently create a new relationship between a minor child and a new parent(s). The law about Adoption is found within Chapter 9 of Title 13 of the Delaware Code.

### 2. Who can seek to Adopt?

- A Petition for Adoption may be filed in the State of Delaware if you are:
  - Over 21 years old; AND
  - A Delaware resident or a person with whom a child has been placed for adoption under Section 904 of Title 13; AND
    - ❖ An unmarried person; OR
    - ❖ A divorced or legally separated person petitioning individually; OR
    - ❖ A married couple jointly seeking to adopt who are NOT legally separated or living apart from each other; OR
    - ❖ A non-married couple petitioning jointly, provided that they are cohabiting.

### 3. What does cohabiting mean?

- Cohabiting means when a person regularly resides with an adult of the same or opposite sex, and they hold themselves out as a couple.

### 4. What is the effect of adoption?

- Upon the issuance of the decree of adoption, the adopted child shall be considered the child of the adopting parent or parents, entitled to the same rights and privileges and subject to the same duties and obligations as if he or she had been born to the adopting parent or parents.
- Upon the issuance of a decree of adoption, the adopted child shall no longer be considered the child of his or her birth parents and shall no longer be entitled to any of the rights or privileges or subject to any of the duties or obligations of a child with respect to the birth parent.

5. How does adoption effect inheritance?

- Upon the issuance of a decree of adoption, the adopted child shall lose all rights of inheritance from the natural parent(s) and their relatives. The child shall, however, gain the right to inherit from the adoptive parent(s) and their relatives. The natural parents may still dispose of their property to the child by will.

6. How do I file for adoption when DSCYF is involved?

1. Visit the Delaware Courts Website and select Form 150DSCYF from the forms page.
2. Complete the Petition (Form 150DSCYF).
3. Attach the following documents to the petition:
  - a. Check payable to Family Court for \$100.00.
  - b. Form 152 – Final Order of Adoption
  - c. Certified copy of the child’s birth certificate
  - d. Form 156 – Adoption Affidavit of Expenses
  - e. Form 159 – If a child is 14 years of age or older, Child Affidavit of Consent (provided to you by the Child Attorney)
  - f. Vital Statistics Form – Adoption Particulars
  - g. DFS Affidavit of Consent (provided to you by the DFS worker)
  - h. Department of Services for Children, Youth, and Their Families – State of Delaware Adoption Data Sheet
  - i. Home Study and Report
4. Make one copy of the packet to keep for your records.

7. How can I file my petition and related paperwork?

- Petitions and papers may be filed at or mailed to the Family Court in each county. Family Court also now accepts petitions and papers by email. To file your petition by email, you must send the petition and all required forms to:

FC\_CDN\_TPR\_Adoption@delaware.gov

\*Please note: any required certified copies must be mailed or hand-delivered to the Court\*

## 8. What if I need legal assistance?

- The court process can be complicated. Legal assistance information can be found at:  
<https://courts.delaware.gov/help/legalassistance.aspx>
- The law related to adoption can be found at Chapter 9 of Title 13 of the Delaware Code.  
<https://delcode.delaware.gov/title13/c009/sc01/index.htmlv>

### **Family Court Contact Information**

New Castle County – Leonard L. Williams Justice Center, 500 North King Street, Wilmington, DE 19801. Phone: (302) 255-0300.

Kent County – 400 Court Street, Dover, DE 19901. Phone: (302) 672-1000.

Sussex County – 22 The Circle, Georgetown, DE 19947. Phone: (302) 855-7400.

All Family Court Forms, FAQs, Filing Instruction Packets, and additional information can be found on the Family Court website at <https://courts.delaware.gov/family>.

Court staff can be reached by live chat between the hours of 9:00 AM and 4:00 PM on the Family Court website. Look for the chat bubble in the lower right corner of the screen.

# The Family Court of the State of Delaware

## Adoption Checklist for DSCYF Involved Children



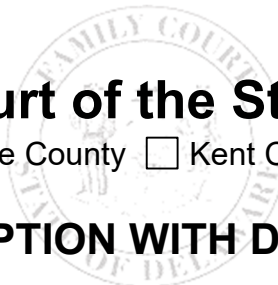
### All Cases:

- Form 150DSCYF – Petition for Adoption
- Form 156 – Affidavit of Expense
- Form 152 – Final Order of Adoption
- Birth Certificate (Original or Certified Copy, not the Certificate of Live Birth)
- Vital Statistics Form – Adoption Particulars
- DFS Affidavit of Consent (Provided to you by the DFS worker)
- Department of Services for Children, Youth, and Their Families – State of Delaware Adoption Data Sheet
- Home Study and Report

### If the child being adopted is between 14 and 17 years old:

- Form 159 – Affidavit of Consent of Child Over 14 Years of Age

**Please keep this sheet for your records. You don't need to file this page with your petition.**



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## PETITION FOR ADOPTION WITH DSCYF INVOLVEMENT

Please see the Adoption with DSCYF Involvement Minipacket before filling out this form.

Use this form to request that the Court declare you to be the adopted parent of a child currently in the custody of the Department of Services for Children, Youth, and Their Families (DSCYF).

Petition Number: \_\_\_\_\_ File Number: \_\_\_\_\_

In the matter of \_\_\_\_\_  
Name(s) of Child(ren) to be Adopted

### About You (Proposed Adoptive Parent)

My name is \_\_\_\_\_ . My date of birth is \_\_\_\_\_ .  
Full Legal Name MM/DD/YYYY

My address is \_\_\_\_\_ .  
Street Address (Including Apartment) City State ZIP Code

My P.O. Box Number is \_\_\_\_\_ . Relationship to child(ren): \_\_\_\_\_ .

My marital status is  Married  Single.

I am being represented by an attorney. My attorney's name is \_\_\_\_\_ .

I need an interpreter. My language is \_\_\_\_\_ .

### About Second Petitioner (if any – 2<sup>nd</sup> Proposed Parent)

Name: \_\_\_\_\_ . Date of birth: \_\_\_\_\_ .  
Full Legal Name MM/DD/YYYY

Address: \_\_\_\_\_ .  
Street Address (Including Apartment) City State ZIP Code

P.O. Box Number: \_\_\_\_\_ . Relationship to child(ren): \_\_\_\_\_ .

Their marital status is  Married  Single.

They are being represented by an attorney. Attorney name: \_\_\_\_\_ .

They need an interpreter. Their language is \_\_\_\_\_ .

### About the Child(ren) to be Adopted

#### Child 1

\_\_\_\_\_ Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Your Relationship to the Child \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

#### Child 2

\_\_\_\_\_ Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Your Relationship to the Child \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

#### Child 3

\_\_\_\_\_ Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Your Relationship to the Child \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

#### Child 4

\_\_\_\_\_ Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Your Relationship to the Child \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

#### Child 5

\_\_\_\_\_ Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Your Relationship to the Child \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_

### 1. People or Organizations Legally Required to Consent to the Adoption

Person or Organization	Address	Child's Date of Placement in Adoptive Home
Department of Services for Children, Youth, and Their Families	1825 Faulkland Road Wilmington, DE 19805	_____

2. The child(ren) will assume the following name(s) upon adoption:

Child 1: \_\_\_\_\_  
Child 2: \_\_\_\_\_  
Child 3: \_\_\_\_\_  
Child 4: \_\_\_\_\_  
Child 5: \_\_\_\_\_

### Other Information

3. The child(ren) has/have been placed for adoption by the Department of Services for Children, Youth, and Their Families (Department), and the Department has supervised such placement.
4. The child(ren) is/are not being brought into this state from another state or country for adoption in this state.
5. I have attached the **birth certificate(s)** of the child(ren), **not** the certificate(s) of live birth.
6. I have attached the mandatory Affidavit of Expense (Form 156).
7. Is any child being adopted 14 years of age or older?  
 Yes  No  
 If yes, I have attached an Affidavit of Consent of Child 14 Years of Age or Older (Form 159).
8. I have attached the mandatory Affidavit of Consent of DFS.
9. Select one.  
 I wish to request a hearing/ceremony if the adoption is granted. I understand that having a hearing/ceremony is solely within the discretion of the hearing officer.  
 I do not wish to request a hearing/ceremony if the adoption is granted.

WHEREFORE, Petitioner(s) seek(s) to adopt the above-named minor child(ren).

See next page for signatures and notarization.



\_\_\_\_\_  
Petitioner 1/Attorney Print

\_\_\_\_\_  
Petitioner 2/Attorney Print

\_\_\_\_\_  
Petitioner 1/Attorney Signature

\_\_\_\_\_  
Petitioner 2/Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Sworn to and subscribed before me this date:

Sworn to and subscribed before me this date:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

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**AFFIDAVIT OF TRUTH**

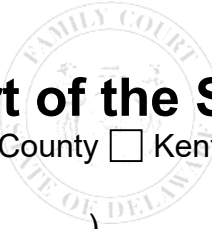
I/We, \_\_\_\_\_, state the information in this Petition for Adoption is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Petitioner 1

\_\_\_\_\_  
Petitioner 2

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

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



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

*In the Matter of:*  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Date of Birth \_\_\_\_\_ )  
 Male  Female )

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

### FINAL ORDER OF ADOPTION

And now, this \_\_\_\_\_ day of \_\_\_\_\_ it appearing that  
 \_\_\_\_\_ has petitioned the Court to be allowed to  
 adopt as his/her/their own child, \_\_\_\_\_  
 born on \_\_\_\_\_.

The records indicate that all statutory requirements have been met;

An investigation has been conducted pursuant to an Order of Reference signed by this Judge.

The Court is satisfied as to the fitness of Petitioner(s) to maintain, care for, and educate the child(ren) and child's or children's best interest will be promoted by the proposed Adoption.

It is ordered that \_\_\_\_\_  
 shall be the child(ren) of \_\_\_\_\_ for all legal  
 intents and purposes, and the child or children shall henceforth be known as \_\_\_\_\_  
 \_\_\_\_\_.

\_\_\_\_\_  
Judge



# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

In the Matter of:

\_\_\_\_\_  
(D.O.B) \_\_\_\_\_

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

)  
)  
)  
)  
)  
)  
)  
)

## ADOPTION AFFIDAVIT OF EXPENSES

I, \_\_\_\_\_, attest that I have paid the filing fee to Family Court for the filing of this Adoption Petition. I have not paid any other fees as of yet. I, \_\_\_\_\_, further attest that no intermediary assisted in locating this child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

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

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