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

In and For  New Castle County  Kent County  Sussex County

**PETITION FOR PARENTAGE DETERMINATION (Minor Parents)**

(For use only when one or both parents are under 18 as of the date the petition is filed)

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| --- | --- | --- | --- | --- | --- | --- |
| File No: |  | Petition No: |  | Case Type: | Parentage | Minor Parent(s) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Minor Petitioner | Alleged Father | | | Mother | |  | Minor Respondent | Alleged Father | | | Mother | |
|  | |  |  | |  |  |  | |  |  | |  |
| Name | |  | Date of Birth | |  |  | Name | |  | Date of Birth | |  |
|  | |  |  | |  |  |  | |  |  | |  |
| Address | |  | PO Box | |  |  | Address | |  | PO Box | |  |
|  | |  |  | |  |  |  | |  |  | |  |
| City/State/Zip Code | |  | Phone No | |  |  | City/State/Zip Code | |  | Phone No | |  |
|  | |  |  | |  |  |  | |  |  | |  |
| Email Address | |  | Attorney | |  |  | Email Address | |  | Attorney | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the interest of: |  |  |  |  |  |
| Child’s Name |  | Date of Birth |  | Place of Birth |

|  |  |
| --- | --- |
| The Petitioner and the Proposed Guardian ad litem allege the following: | |
| (Select one or both of the following to indicate if the Mother or the alleged Father or both are under the age of 18.) | |
| 1. | The Petitioner is under the age of 18 and is the: |
|  | Mother (or) is alleged to be the  Father of the above listed child. |
|  | The Respondent is under the age of 18 and is the: |
|  | Mother (or) is alleged to be the  Father of the above listed child. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (Select one of the following and provide the requested information) | | | | | |
| 2. | Mother gave birth to the child on the above listed date at: | |  | | |
|  |  | | Hospital | | |
|  | Mother is pregnant with the above child and anticipated to deliver on: | | | |  |
|  |  | | | | Approximate Date |
| 3. | Did Petitioner and Respondent have sexual intercourse within the time the child was likely | | | | |
|  | conceived?  Yes  No | | | | |
| 4. | Has the Mother ever been married?  Yes  No | | | | |
| 5. | Do either the Mother or the child receive Medicaid benefits? | | | | |
|  | Yes  No  I don’t know. | | | | |
| 6. | Where was the alleged Father born? |  | | I don’t know. | |
|  |  | Place of Birth | |  | |

|  |  |  |
| --- | --- | --- |
| >>> The following item must be selected, and a GAL Motion must be completed and attached **for each minor parent**. <<< | | |
| >>> Without the required GAL motions, this petition will be returned to you. <<< | | |
| 7. | A motion for appointment of Guardian ad litem (GAL) for each minor parent is attached. | |
|  | | (Any minor child who is party to a lawsuit must be appointed a Guardian ad litem (GAL). This is true even if the child already has a court-ordered custodian or guardian. If both parents are under 18, then two separate GAL motions are required). |
| Therefore, the Petitioner (and, if the Petitioner is under 18, the proposed Guardian ad litem) requests the Court schedule a hearing to determine whether the alleged Father is the legal and biological parent of this child, which may include genetic testing. If paternity is established the Court will direct amendment of the child’s birth record and may consider changes to the child’s name. | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unsworn Declaration Made Under Penalty of Perjury -** Pursuant to Section 3927 of Title 10 of the Delaware Code, we declare under penalty of perjury under the laws of Delaware that the information in this Petition for Parentage Determination is true and correct. | | | | | | | | | | | |
| Executed on the | |  | day of |  | | , | . | |  | | |
|  |  | | | |  | | |  | |  | |
|  | Petitioner’s Printed Name | | | |  | | | Petitioner’s Signature | |  | |
|  |  | | | |  | | |  | |  | |
|  | Proposed GAL Printed Name | | | |  | | | Proposed GAL Signature | |  | |
|  | | | | | | | | (Electronic signatures are permitted – Sign as “/s/ Your Name”) | |  | |
|  | | | | | | | |  | |  | |
| (Optional – The Respondent may use this portion of the form to indicate that they also wish for the issue of parentage to be addressed by the Family Court. If completed, the Court will not send a copy of the Petition to the Respondent but will immediately schedule a hearing. If the Respondent is under 18, then the signature of the proposed GAL is also required.) | | | | | | | | | | |
| **Respondent’s Waiver of Service and Agreement to Appear** | | | | | | | | | | |
| The Respondent (and, if the Respondent is under 18, the proposed Guardian ad litem) acknowledges receipt of a copy of the Petition for Parentage Determination (Minor Parents) and the petitioner’s Motion for Appointment of a Guardian ad litem (GAL), if applicable. I/We waive further service of the summons and petition and agree to attend any scheduled hearings. I/We agree to receive notice of hearings and other papers at the address listed on this form. | | | | | | | | | | |
|  |  | | | |  | | |  | |  | |
|  | Respondent’s Printed Name | | | |  | | | Respondent’s Signature | |  | |
|  |  | | | |  | | |  | |  | |
|  | Respondent’s Proposed GAL Printed Name | | | |  | | | Respondent’s Proposed GAL Signature (Electronic signatures are permitted – Sign as “/s/ Your Name”) | |  | |

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

In and For  New Castle County  Kent County  Sussex County

**MOTION FOR APPOINTMENT OF GUARDIAN AD LITEM (GAL)**

PETITION FOR PARENTAGE DETERMINATION (Minor Parents)

|  |  |  |  |
| --- | --- | --- | --- |
| File No: |  | Petition No: |  |

|  |  |
| --- | --- |
| **Petitioner** | **Respondent** |
| Name: | Name: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. |  |  | | is under the age of 18 and alleged to be the: | |
|  |  | Name | | Father or  Mother of the above listed child. | |
| 2. |  | I hereby request that I be appointed guardian ad litem for the Minor  Petitioner  Respondent. | | | |
|  | OR |  | | | |
|  |  | I request that |  | | be appointed guardian ad litem for the: |
|  |  |  | Name | | Minor  Petitioner  Respondent. |
|  |  | | | | |
|  | I hereby declare to the best of my knowledge that I (or the individual proposed as Respondent’s GAL, if any) is an appropriate and disinterested individual qualified to act as GAL to the Minor Petitioner or Minor Respondent.  Notice of this motion must be provided to the parents or guardians of the party for whom a GAL is being requested.  To the best of your ability, please provide the following information: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent or Guardian 1** | | | |  | **Parent or Guardian 2** | | | |
|  |  |  |  |  |  |  |  |  |
| Name |  | Date of Birth |  |  | Name |  | Date of Birth |  |
|  |  |  |  |  |  |  |  |  |
| Address |  | PO Box |  |  | Address |  | PO Box |  |
|  |  |  |  |  |  |  |  |  |
| City/State/Zip Code |  | Phone No |  |  | City/State/Zip Code |  | Phone No |  |
|  |  |  |  |  |  |  |  |  |
| Email Address | |  |  |  | Email Address | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed GAL, if not a parent or guardian listed above** | | | |
|  |  |  |  |
| Name |  | Date of Birth |  |
|  |  |  |  |
| Address |  | PO Box |  |
|  |  |  |  |
| City/State/Zip Code |  | Phone No |  |
|  |  |  |  |
| Email Address | |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Unsworn Declaration Made Under Penalty of Perjury -** Pursuant to Section 3927 of Title 10 of the Delaware Code, I declare under penalty of perjury under the laws of Delaware that the information in this Petition for Parentage Determination is true and correct. | | | | | | |
| Executed on the |  | day of |  | , | . |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Print Name |  | Signature |

Instructions: List the names and requested information as best you can about each parent, guardian (if any), or any person you are proposing as GAL for each alleged parent under age 18. Use a separate form for each minor parent. If one parent is not a minor, then a GAL is not required for that parent. The same person cannot act as GAL for both parents. Usually, a GAL is a custodial parent or guardian, but you may suggest someone else. If any minor party’s parent or guardian is not successfully notified, the Court will decide if further efforts to locate them are necessary. A minor party’s parent or guardian has the right to object to the GAL and the Court will ultimately decide who should be appointed or if a minor party is mature enough to proceed without a GAL. You should speak first to any recommended GAL to be sure they are willing and available.