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

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

# **WAIVER OF TIME TO CONTEST DIVORCE HEARING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Petitioner* | *v.* | *Respondent* |  |  |
| Name |  | Name |  |  |
|       |  |       |  | File Number |
| Street Address |  | Street Address |  |       |
|       |  |       |  |  |
| Apt. or P.O. Box Number |  | Apt. or P.O. Box Number |  |  |
|       |  |       |  | Petition Number |
| City | State | ZIP Code |  | City | State | ZIP Code |  |       |
|       |    |       |  |       |    |       |  |  |
| Attorney Name and Phone Number |  | Attorney Name and Phone Number |  |  |
|       |  |       |  |  |

|  |  |  |
| --- | --- | --- |
| I, |       | , Respondent, do hereby waive the 20 day |
| period in which to contest, answer, or otherwise plead in regard to the captioned divorce filed on |
|       | . |

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

|  |
| --- |
| SWORN TO AND SUBSCRIBED |
| before me this date, |
|  |
|  |
|  |  |  |
| Date |  | Clerk of Court/Notary Public |