WARNING!

This form may only be used in Protection from Abuse cases.

The Family Court of the State of Delaware

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

**AFFIDAVIT FOR EMERGENCY EXPEDITED HEARING**

 Protection From Abuse

|  |
| --- |
| File Number |
|       |
| Petition Number |
|       |

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

|  |
| --- |
| 1.) I, the undersigned affiant, being duly sworn according to law, do hereby attest to the truth of the allegations made in the underlying petition. I request an emergency expedited hearing be scheduled on this matter within fifteen (15) days pursuant to 10 Delaware Code §1043(c). |
| 2.) I understand that if an expedited hearing is scheduled, the Respondent will be served with a copy of my Petition for Protection From Abuse, a copy of this Affidavit for Emergency Expedited Hearing and notice of the hearing date.  |
| 3.) I further attest that unless relief is granted on an expedited basis, the following **immediate and irreparable harm** will result: |
|  |
|  |       |
|  |       |
|  |       |
| 4.) I understand that I have the option of filing for an emergency ex parte order and that, if I chose to do so,  I would have a hearing today. |

|  |  |
| --- | --- |
|  | Affiant/Petitioner |
| Sworn to and subscribed before me this |       | day of  |       | ,  |       |  |
|  |
|  | Clerk of Court/ Notary Public |  | Date |  |

|  |
| --- |
| The Court has reviewed the Petitioner’s application and, if necessary, has questioned the Petitioner under oath. Petitioner’s application is hereby: |
|  | [ ]  | Approved. Return to case processing for notification to the parties of a hearing before |
|  |  |       | at |       | on  |       |
|  | [ ]  | Disapproved. The file shall be returned to civil case processing to follow normal scheduling |

|  |  |  |  |
| --- | --- | --- | --- |
| So Ordered this Date: |       |  |  |
|  | Commissioner/Judge       |