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| **JUSTICE OF THE PEACE COURT OF THE STATE OF DELAWARE**  **IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**  **COURT NO. \_\_\_\_\_\_** | | | |
| **COURT ADDRESS:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | **CIVIL ACTION NO. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (CASE DISCRIPTION) | | | |
| **SYSTEM ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(ADDRESS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Check this box if address has changed | |
| **ANSWER TO PETITION FOR TITLE TO ABANDONED PROPERTY**  **AND REQUEST FOR INFORMATION** | | | |

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| CONCERNING THE PETITION FOR TITLE TO: | | | | | | |
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| **AS TO THE ABOVE PROPERTY, I AM (Check one):** | | | | | |  |
|  | OWNER | | | |  | |
|  | LIENHOLDER (SPECIFY TYPE AND AMOUNT): | | |  | | |
|  | OTHER HOLDER OF AN INTEREST (SPECIFY TYPE AND AMOUNT): | | | |  | |
|  |  | | | | | |
|  |  | | | | | |
| **RELEASE OF INTEREST OR DECLARATION OF INTENT TO CONTEST (CHECK ONE):** | | | | | | |
|  | **RELEASE OF TITLE/LIEN/OTHER INTEREST:** I HEREBY RELEASE ALL MY RIGHTS, TITLES, AND INTEREST IN THE PROPERTY DESCRIBED ABOVE. I UNDERSTAND THAT I HAVE A LEGAL RIGHT TO A HEARING AND BY CHECKING THIS RELEASE AND SIGNING BELOW, I GIVE UP ALL RIGHTS TO A HEARING AS WELL AS MY INTEREST IN THE PROPERTY DESCRIBED ABOVE. | | | | | |
|  |  | | | | | |
|  | **DECLARATION OF INTENT TO CONTEST:** I INTEND TO EXERCISE MY RIGHT TO A HEARING AND CONTEST PETITIONER’S RIGHT TO OBTAIN TITLE TO THE PROPERTY. I FURTHER STATE THAT I HAVE A VALID DEFENSE TO THIS CLAIM. | | | | | |
|  |  | | | |  | |
| **NAME AND ADDRESS OF OTHER PERSONS WHO I BELIEVE OWN OR HAVE ANOTHER**  **LEGAL INTEREST IN THIS PROPERTY:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | |  |  | | | |
| Name/(Please print) | |  | Signature | | | |
|  | |  |  | | | |
| Address | |  | Date | | | |