IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

|  |  |  |
| --- | --- | --- |
| [ ] Register in Chancery Kent County38 The Green, Ste. 208Dover, DE 19901302-735-1930 | [ ] Register in Chancery New Castle County500 N. King St., Ste. 11600Wilmington, DE 19801302-255-0544 | [ ] Register in Chancery Sussex County34 The CircleGeorgetown, DE 19947302-856-5775 |
| IN THE MATTER OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,A person with an alleged disability | :::: | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTICE OF PETITION FOR THE APPOINTMENT OF GUARDIAN(S) OF THE PERSON**

Dear Interested Parties:

This is a notice that I am/we are applying for guardianship of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s person (to make his/her medical

(Person with an alleged disability’s name)

decisions). The Court of Chancery approved the enclosed preliminary order to schedule a hearing on this case. If you object to the petition, you must appear at the hearing or immediately contact the Register in Chancery’s Office that has been marked above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner’s Signature Co-Petitioner’s Signature

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Form CM9*

*Rev. 08/2020*