

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery  
Kent County  
38 The Green, Ste. 208  
Dover, DE 19901  
302-735-1930

Register in Chancery  
New Castle County  
500 N. King Street, Ste. 11600  
Wilmington, DE 19801  
302-255-0544

Register in Chancery  
Sussex County  
34 The Circle  
Georgetown, DE 19947  
302-856-5775

### **Procedures for filing a Petition to Reinvest for a Person with a Disability**

- The petition to reinvest requires the following:
  - A completed petition. The court clerk cannot complete the petition for you.
  - A copy of the guardianship bank statement(s) dated within the thirty (30) days prior to filing the petition.
  - The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to “Register in Chancery”).
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- It is the petitioner’s responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery’s office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.
- As part of the order, the guardian(s) will be responsible for filing a proof of compliance within thirty (30) days. There will be a \$2.00 per page fee to pay for the proof of compliance to be scanned.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: \_\_\_\_\_ :  
: \_\_\_\_\_ :  
\_\_\_\_\_, : C.M. #: \_\_\_\_\_  
A person with a disability :

**PETITION TO REINVEST**

1. Name of guardian(s): \_\_\_\_\_

2. Date guardian(s) was/were appointed: \_\_\_\_\_

3. Information about the current bank account:

a. The guardians opened a guardianship \_\_\_\_\_ [type of account, i.e. checking, savings] account at \_\_\_\_\_ Bank.

b. The guardianship order permits monthly expenditures up to \$ \_\_\_\_\_ [monthly allotment amount per court order] out of the guardianship account(s).

4. I/We request the Court to authorize

a. The transfer of \$ \_\_\_\_\_ [how much money will be transferred]

b. From the guardianship \_\_\_\_\_ [type of account, i.e. checking, savings] account at \_\_\_\_\_ Bank with the account number ending in \_\_\_\_\_ [last four numbers of the account the money will be transferred from]

c. To a guardianship \_\_\_\_\_ [type of account money will be moved into, i.e. checking, savings] account at \_\_\_\_\_ Bank [name of the bank where the money will be moved to].

5. I/We understand proof of the reinvestment will need to be filed with the Register in Chancery's Office within thirty days of the date of the court order.

Guardian	Co-Guardian (if applicable)
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____	_____
(Guardian's Printed Name)	(Co-Guardian's Printed Name)
_____	_____
(Guardian's Signature)	(Co-Guardian's Signature)
_____	_____
(Guardian's Address)	(Co-Guardian's Address)
_____	_____
(Guardian's Address)	(Co-Guardian's Address)
_____	_____
(Guardian's Phone Number)	(Co-Guardian's Phone Number)
_____	_____

**INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF  
PETITION TO REINVEST**

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with your petition (a separate affidavit is required for each individual).

**Option 1 – Consent**

Any interested party may sign a copy of the attached “Consent” form.

**Option 2 – Send Notice**

If any interested party does not sign the consent form, you must send them a copy of the attached “Notice of Petition”. You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the Court will consider the petition. This ensures that all interested parties have adequate time to contact the Court with any questions they may have or file any objection to the petition.

**To be filed with the Court**

You must file the following documents with the Court before the petition will be reviewed by a Judicial Officer:

- a. Any and all consent forms,
- b. The attached “Certificate of Mailing” (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the matter of: \_\_\_\_\_ :  
: C.M. #: \_\_\_\_\_  
A person with a disability \_\_\_\_\_ :

**CONSENT**

I, \_\_\_\_\_, whose relationship to the person with a disability is that of \_\_\_\_\_ (e.g. mother, brother), hereby consent to the petition to reinvest.

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF: \_\_\_\_\_ :  
 :  
 : C.M. # \_\_\_\_\_  
A person with a disability \_\_\_\_\_ :

**AFFIDAVIT OF EFFORTS TO LOCATE  
ADDRESS OF INTERESTED PARTY**

I/We, \_\_\_\_\_, petitioner(s) in the above matter, hereby confirm that I/We have been unable, after exercising reasonable diligence, to locate an address for interested party, \_\_\_\_\_ [Name of interested party or missing person], in order to provide that interested party with notice of the filing of the petition.

My/Our last contact with \_\_\_\_\_ [Name of interested party or missing person] was on or around \_\_\_\_\_ [month/year] and to the best of my/our knowledge, the last contact he/she had with the person with a disability was on or around \_\_\_\_\_ [month/year].

My/Our efforts have included the following [please check all that apply]:

performing an internet search for the address of the interested party;

asking other interested parties if they know of the missing person's

current whereabouts;

messaging the missing person through electronic means;

Other: \_\_\_\_\_

If I/We subsequently locate the missing interested party, I/We will notify the Court of his/her address.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Co-Petitioner

STATE OF \_\_\_\_\_ :

COUNTY OF \_\_\_\_\_:

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [Name of affiant].

\_\_\_\_\_  
Notary Public/Chancery Court Clerk

*Pursuant to Court of Chancery Rule 178B, the use of an Unsworn Declaration (see below) is permitted rather than the notary requirement.*

Petitioner

Co-Petitioner (if applicable)

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Petitioner's Printed Name)	_____ (Co-Petitioner's Printed Name)
_____ (Petitioner's Signature)	_____ (Co-Petitioner's Signature)





**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF: \_\_\_\_\_ :  
 :  
 : C.M. # \_\_\_\_\_  
A person with a disability :

**CERTIFICATE OF MAILING**

The guardian(s) mailed on this date, \_\_\_\_\_ a “Notice of  
Petition” to the following interested parties:

<b>Name</b>	<b>Address</b>

**Guardian**

**Co- Guardian (if applicable)**

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Guardian’s Printed Name)	_____ (Co-Guardian’s Printed Name)
_____ (Guardian’s Signature)	_____ (Co-Guardian’s Signature)