

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 302-856-5777
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Procedures for filing a Petition to Remove Guardian(s) and Appoint Successor Guardian(s) of the Person and/or Property of a Person with a Disability

- The petition must be filled out completely.
 - The court clerk cannot complete the petition for you.
 - The petitioner(s) will need to have their signature(s) notarized on the petition and several forms. If you appear in the Register's Office with identification and the correct paperwork, your signature(s) can be notarized by a court clerk in the Register's Office.
 - If the current guardian is being removed due to their death, a copy of their death certificate is required.
- The filing fee for the petition is \$60.00 plus \$2.00 per page. Payment must be received at the time of filing, or the petition will not be accepted by our office. We accept cash, check or money order (made payable to the "Register in Chancery"). If the Register in Chancery's Office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your petition, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.
- The person(s) wishing to be appointed as successor guardian(s) will be required to appear at a court hearing and will receive notification from the Register's Office on the hearing date.
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties. Please see the instruction sheet within this packet for additional information.

5. The names and addresses of any potentially interested party which includes the spouse, any next-of-kin who would be entitled to inherit through the estate of the person with a disability if that person died intestate, any person named by the person with a disability as an executor or beneficiary in a testamentary instrument, or any person primarily responsible in the past six months for the care of the person or finances of the person with a disability. If an interested party is a minor, please provide the name and contact information for the minor's parent or other guardian as the parent or guardian will require notice.

Name of interested party	Relationship to person with a disability	Address and phone number of interested party	Age

6. The current guardian(s) should be removed for the following reason(s):

(Please attach a separate sheet if necessary.)

7. The proposed successor guardian(s) should be appointed for the following reason(s):

(Please attach a separate sheet if necessary.)

8. The person with a disability currently receives the following income each month: _____

(List the amount of income and the source of the income, *e.g.* social security, pension, etc.)

WHEREFORE, Petitioner(s) respectfully requests that this Court:

1) Remove _____ [Name of current guardian(s)] as guardian(s) of the person and/or property of the person with a disability.

2) Appoint _____, as successor guardian(s) of the person and/or property of the person with a disability.

Signature of Co-Petitioner
(If Applicable)

Signature of Petitioner

Address

Address

Phone number

Phone number

STATE OF _____:

COUNTY OF _____:

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

Notary Public/Chancery Court Clerk

**COURT OF CHANCERY
PERSONAL INFORMATION SHEET**

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form and use separate contacts on page two of this form.

In the matter of: _____, a person with an alleged disability/minor

Social Security Number: _____ Date of Birth: _____

Date this form is completed: _____

In connection with the above matter, I have applied to the Court of Chancery to be appointed as guardian of the person with an alleged disability/minor named above. I understand that I must complete this form in full or my guardianship petition may be denied. In order to provide the Court with sufficient information to determine my qualification to serve as guardian and to assist the Court in assuring that the Court's staff will always be able to locate and make contact with me, the following information and consent is given:

Proposed Guardian's current full name: _____

Proposed Guardian's physical address: _____

Proposed Guardian's mailing address (if different): _____

Home phone number: _____ Work phone number: _____

Cell phone number: _____ E-mail address: _____

Date of birth: _____ Social Security number: _____

Driver's License number and State: _____

Place of employment and address: _____

Name of supervisor and telephone number: _____

Name/Address/Telephone number of spouse (if not a co-petitioner/co-guardian):

Contacts: List the information for two people who should always be able to locate or contact you and do not live at the same address as each other or the petitioner(s). If there is more than one proposed guardian, separate contacts must be listed.

1. Name: _____

Address: _____

Phone number: _____ Relationship: _____

2. Name: _____

Address: _____

Phone number: _____ Relationship: _____

I fully understand that it is my duty to keep the Court informed of my whereabouts and to provide the Court with any change in my name, physical address or mailing address. I hereby authorize the staff of this Court to contact any of the persons named above and authorize and direct any of the persons named above and my attorney(s) to provide to the Court any information which might assist the Court in locating or contacting me in the future. I also authorize the court staff to search government or public databases to locate me. I further agree that any federal, state, public, or private agency with information about my whereabouts, or the whereabouts of the person with an alleged disability or minor named above, may release that information to the Court and its staff, and I authorize and direct such persons to release that information. I release the Court and the Court's staff from all liability associated with efforts to determine my whereabouts or the whereabouts of the person with an alleged disability or minor over whom guardianship has been established.

Proposed Guardian's signature

STATE OF _____ :

COUNTY OF _____:

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

Notary Public/Chancery Court Clerk

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

A person with an alleged disability/Minor: _____

AFFIDAVIT OF PROPOSED GUARDIAN’S HISTORY

Please Note: If there is more than one proposed guardian, each person will need to complete a separate form.

Proposed Guardian’s Name: _____

1. Have you ever declared bankruptcy? Yes No

If so, when? _____

If so, what type? _____

2. Have you ever been convicted of a misdemeanor? Yes No

If so, describe which misdemeanor, when and in what jurisdiction you were convicted (e.g. State, County and Police Department). _____

3. Have you ever been convicted of a felony? Yes No

If so, describe which felony, when and in what jurisdiction you were convicted (e.g. State, County and Police Department). _____

4. I give the State of Delaware permission to conduct a criminal background check on me at any time during the consideration of my petition for guardianship and, if granted, at any time during the period I am guardian. I solemnly swear and affirm under penalty of law that the statements and answers above are true to the best of my knowledge.

STATE OF _____ :

COUNTY OF _____:

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

Notary Public/Chancery Court Clerk

Proposed guardian’s signature

**INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF
PETITION TO REMOVE AND FOR APPOINTMENT OF SUCCESSOR
GUARDIAN(S)**

It is the petitioner's(s') responsibility to notify the interested parties when a petition to remove and for the appointment of successor guardian(s) is filed with the Court. This includes notifying all the parties you listed on number five (5) of the petition.

Option 1 – Consent

Any interested party may sign and have notarized 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” and a copy of the petition. You must send this by registered or certified mail, return receipt requested, or by FedEx, UPS or any other courier service that provides real-time tracking of delivery.

Any interested party who has not signed a notarized consent must receive notice of your petition at least thirteen (13) days before the Court will consider your 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:

- a. Any and all notarized consent forms;
- b. The attached “Certificate of Mailing” (if any notices were sent); and
- c. Proof of how the mailing was sent (such as the certified mail receipts from the post office) and any proof you have that the mail was delivered.

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 the Register's Office.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

CONSENT TO THE APPOINTMENT OF A SUCCESSOR GUARDIAN(S)

I, _____ [Name of interested party], whose relationship to the person with a disability is that of _____ (e.g. mother, brother), hereby consent to the appointment of _____ [Name of person to be appointed as successor guardian] as successor guardian(s) for the person with a disability's (check all that apply) person (to make his/her medical decisions) and/or property (to make his/her financial decisions) without further notice.

Interested Party's signature

Address: _____

Phone Number: _____

STATE OF _____ :

COUNTY OF _____ :

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

Notary Public/Chancery Court Clerk

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
302-856-5777

IN THE MATTER OF:

_____,
A person with a disability

:
:
:
:

C.M. # _____

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

Dear Interested Parties:

This is a notice that I am/we are applying to be appointed successor guardian(s) of the person with a disability’s person (to make his/her medical decisions) and/or property (to make his/her financial decisions). If you object to the petition, you must immediately contact the Register in Chancery’s Office that has been marked above within thirteen (13) days of the date of this notice.

Petitioner’s Signature

Co-Petitioner’s Signature

Dated: _____

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 petitioner(s) mailed on this date, _____ a copy of the

(1) Notice of Petition and (2) Petition to the following interested parties:

Name	Address

Petitioner	Co-Petitioner (if applicable)
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). _____ (Petitioner's Printed Name) _____ (Petitioner's Signature)	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). _____ (Co- Petitioner's Printed Name) _____ (Co- Petitioner's Signature)

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