



# The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

## PETITION FOR GUARDIANSHIP OF A MINOR

Check the county in which you are filing.

### *Petitioner*

### *Respondent*

Name <b>Anne Smith</b>	Name <b>Michelle Jones</b>
D.O.B. <b>2/3/1984</b>	D.O.B. <b>07/13/1985</b>
Street Address <b>101 Oak Street, APT #123</b>	Street Address <b>490 Pine Street</b>
P.O. Box Number	P.O. Box Number
City/State/Zip Code <b>Dover, DE 19901</b>	City/State/Zip Code <b>Wilmington, DE</b>
Phone Number <b>302-555-1111</b>	Phone Number <b>302-555-9876</b>
Attorney Name	Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language

File Number <b>CK16-98765</b>
Petition Number

### *2<sup>nd</sup> Petitioner (if any)*

### *2<sup>nd</sup> Respondent (if any)*

Name <b>Scott R. Smith</b>	Name <b>Steven Harding</b>
D.O.B. <b>3/14/1983</b>	D.O.B. <b>9/14/1981</b>
Street Address <b>101 Oak Street, APT #123</b>	Street Address <b>490 Pine Street</b>
P.O. Box Number	P.O. Box Number
City/State/Zip Code <b>Dover, DE 19901</b>	City/State/Zip Code <b>Wilmington, DE 19809</b>
Phone Number <b>302-222-1212</b>	Phone Number <b>302-222-4545</b>
Attorney Name	Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

**Guardian Ad Litem (if any)**

Name Jane Walker
Law Firm
Office Address 525 South Washington Street
City/State/Zip Code Dover, DE 19901
Phone Number

Does this matter relate to a federal immigration case?  YES  NO

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants guardianship. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check one)
Douglas A. Smith	10/14/2012	Dover, DE	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

**Petitioner's relationship to the child(ren)** (select one relationship from choices below)

- brother or sister  
  grandparent or great-grandparent  
  aunt or uncle  
  first cousin  
 grandaunt or granduncle  
  half-brother or half-sister  
  non relative  
 other relative: If you have checked other relative, please also check one of the following.

- |                                                      |                                                    |
|------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> step grandparent            | <input type="checkbox"/> stepparent                |
| <input type="checkbox"/> great uncle or great aunt   | <input type="checkbox"/> step uncle or step aunt   |
| <input type="checkbox"/> stepbrother or stepsister   | <input type="checkbox"/> first cousin once removed |
| <input type="checkbox"/> other please explain: _____ |                                                    |

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth
MOTHER	Michelle Jones	490 Pine Street, Wilmington, DE 19809	07/13/1985
FATHER	Steven Harding	490 Pine Street, Wilmington, DE 19809	09/14/1981

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

Names and addresses have been provided below.

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► I have attached to this Petition the following affidavits:

**Affidavit that a Party's Address is Unknown**

3. Name(s) of the person(s) or organization **holding parental rights** of the child(ren):

Michelle Jones and Steven Harding

Address of person(s) or organization:

See above

4. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): Anne C. Smith and Scott R. Smith

Address of person(s) or organization if address is different from address of Petitioner(s):


5. Name(s) of the person(s) **to whom guardianship** shall be vested if this Petition is granted

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Address of person(s) or organization if address is different from address of Petitioner(s):


6. Proposed guardian(s)' relationship to child(ren) if proposed guardian is **NOT** the Petitioner:

Aunt/Uncle

7. Please check all that apply:

The following child(ren) is/are not yet 14 years of age or older:

**OR**

The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition (Attach Affidavit of Consent executed by each child(ren) who consents) Name(s) of child(ren) 14 years of age or older who consent(s):

The Affidavit of Consent can be found in the forms packet.

The child(ren) is/are 14 years of age or older does/do NOT consent to (agree with) this Petition. Name(s) of child(ren) 14 years of age or older who do NOT consent:

8. I am filing this petition because: (Check ALL that apply)

The child(ren)'s parent(s) agree that I/we should become the guardian(s) of the child(ren) (Attach an Affidavit of Consent executed by the parent(s) who agree).

The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)

The child(ren) is/are dependent, neglected and/or abused based on the following reason(s):

List your allegations in numbered paragraphs.

1. Both mother and father are currently in rehab for drug and alcohol abuse.

2. It is in the best interest of Doug Smith to reside with the petitioners.

3. Doug Smith has been residing with the petitioners for several months, is enrolled in school in petitioner's district and has friends at that school and in the neighborhood. Since coming to live with petitioners, Doug's health has improved, as well as his grades in school.

4. Petitioners have no history of domestic violence and no one who lives in the household has a criminal history.

**NOTICE – This request for guardianship, if filed by a non-relative or a relative whose relationship is not captured in the definition of “relative” found in 10 Del. C. § 901, is subject to an assessment conducted by the Department of Services for Children, Youth and Their Families, as required by 31 Del. C. § 351.**

**WHEREFORE**, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren).

Sign in the presence of a notary.

Anne E. Smith

12/7/2016

Scott E. Smith

12/7/2016

Petitioner

Date

2<sup>nd</sup> Petitioner (if any)

Date

Sworn to subscribed before me:

Sworn to subscribed before me:

Donna King

12/7/2016

Donna King

12/7/2016

Clerk of Court/Notary Public

Date

Clerk of Court/Notary Public

Date

Signed by notary or Court staff