



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

Check the county in which you are filing

CONSENT ORDER – GUARDIAN OF THE PERSON

Petitioner

v. Respondent

Name Anne C. Smith	Name Michelle Jones	File Number CK16-98765
Street Address (including Apt) 101 Oak Street, APT #123	Street Address (including Apt) 490 Pine Street	
P.O. Box Number	P.O. Box Number	Case Number
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Wilmington, DE 19899	
Date of Birth 2/3/1984	Date of Birth 7/13/1985	

2nd Petitioner (If any)

2nd Respondent (If any)

Name Scott R. Smith	Name Steven Harding
Street Address (including Apt) 101 Oak Street, APT #123	Street Address (including Apt) 490 Pine Street
P.O. Box Number	P.O. Box Number
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Wilmington, DE 19899
Date of Birth 3/14/1983	Date of Birth 9/14/1981

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)
<u>Douglas A. Smith</u>	<u>10/14/2012</u>	<u>Dover, DE</u>	<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
- grandaunt or granduncle
- other relative: if you have checked other relative, please also check one of the following:
 - step-grandparent
 - great-uncle or great-aunt
 - step-brother or step-sister
 - other (please explain): _____
- grandparent or great-grandparent
- half-brother or half-sister
- step-parent
- step-uncle or step-aunt
- first cousin once removed
- aunt or uncle
- non-relative
- first cousin

The parties in the above entitled cause agree upon the following arrangement and do consent to the entry of an Order providing for same:

GUARDIANSHIP AWARDED TO: Anne C. Smith and Scott R. Smith (Aunt & Uncle)
with the powers and duties set forth in 13 Del. C. § 2340, a copy of which is attached to this order.

Describe the visitation schedule you have agreed upon in detail.

Respondent(s) shall have visitation as follows:

Mother shall have visitation with the children every other weekend beginning the first weekend in January 2017. Mother will pick up the children from school on Friday afternoons and return the children to Aunt & Uncle's home by 4:00 PM on Sunday.

Father shall have visitation with the children every other weekend beginning the second weekend in January 2017. Father shall pick up the children from school on Friday afternoons and return the children to the Aunt & Uncle's home by 4:00 PM on Sunday.

Fill in the date you have the form notarized

BE IT REMEMBERED, that on this date, December 8, 2016, Anne & Scott Smith, ("Petitioner"), who, being duly sworn by me according to the law personally appeared before me, a Notary Public for the State and County declared above, did depose and say: We, the undersigned, hereby agree upon the following guardianship agreement for the above-named child(ren). We signed this consent agreement voluntarily and of our own free will.

THE RESPONDENTS ACKNOWLEDGE THAT EACH WAS ADVISED THAT IF HE/SHE IS INDIGENT AND WISHES TO HAVE COURT APPOINTED COUNSEL REPRESENT HIM/HER IN THIS ACTION, COUNSEL MAY BE APPOINTED FOR HIM/HER. HE/SHE FREELY AND VOLUNTARILY WAIVES HIS/HER RIGHT TO COUNSEL.

THE RESPONDENTS EACH ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT AND AUTHORIZING ITS FILING, HE/SHE IS ENTERING AN APPEARANCE AND AGREEING TO WAIVE SERVICE OF PROCESS OF THE PETITION FOR GUARDIANSHIP.

This agreement of the parties is subject to review of the parties' criminal histories by a hearing officer before entry as an order of the court.

NOTICE – This agreement of the parties, if filed by a person not meeting the definition of "relative" 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.

If signed by a Commissioner, the parties hereby waive their right to a Review of a Commissioner's Order as this Order is entered pursuant to this voluntary agreement.

Anne C. Smith

Michelle Jones

Child (if over 14 years of age) (Signature)

Petitioner (Signature) Respondent (Signature)

All parties must sign in the presence of a notary.

Child (if over 14 years of age) (Print)

Petitioner (Print)

Respondent (Print)

Additional Child(ren) (Signature) (if necessary)

2nd Petitioner (Signature) (if any)

2nd Respondent (Signature) (if any)

Additional Child(ren) (Print) (if necessary)

2nd Petitioner (Print) (if any)

2nd Respondent (Print) (if any)

SWORN TO AND SUBSCRIBED before me this date, December 8, 2016

Signed by notary or Court staff.

Donna King

Mediation Officer/Notary Public/Clerk of Court

SO ORDERED this _____ day of _____,

The Judge will complete this portion if your consent is approved.

Judge/Commissioner