

TERMINATION OF PARENTAL RIGHTS (TPR) FORMS PACKET

The sample forms within this packet are to be used as a guide in completing the blank Court forms. Please do not submit sample forms.

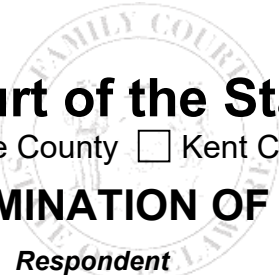
All TPR blank and sample forms can be found on the Family Court website at: <https://courts.delaware.gov/family/tpr/forms.aspx>

Enclosed Blank and Sample Forms:

1. **Petition for Termination of Parental Rights - Form 112**
2. **Custody Separate Statement - Form 346**
3. **Information Sheet - Form 240**
4. **Praecipe in a Termination of Parental Rights Action - Form 115**
5. **TPR Order of Reference - Form 110T**
6. **Order for a Hearing - Form 118A**
7. **Final Order - Form 107**
8. **Affidavit of Consent Accepting Transfer of Parental Rights - Form 200**

Optional or Situational Forms:

9. **Affidavit that a Party's Address is Unknown - Form 241**
10. **Consent to Termination and Transfer of Parental Rights - Form 140**
11. **Waiver of Rights Under the Servicemembers' Relief Act - Form 420**
12. **Petitioner's Supplemental Affidavit Regarding Unknown Father -
Form 239**
13. **Motion for Continuance - Form 196**
14. **Affidavit of Non-Military Service - Form 405**



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner

Respondent

Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Email Address	Email Address
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

File Number
Petition Number

2nd Petitioner (if applicable)

2nd Respondent (if applicable)

Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Email Address	Email Address
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

Child Attorney (if applicable)

Name	
Law Firm	
Office Address	
City	State Zip Code
Phone Number	Email Address

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete for each child for whom petitioner wants parental rights terminated. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

	NAME	Address	Date of Birth	Social Security Number
PARENT 1	_____	_____	_____	_____
PARENT 2	_____	_____	_____	_____

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

I have tried to determine whether the mother was married at the probable time of conception or thereafter.

I have tried to determine whether the mother named anyone as the father on the child's birth certificate.

➤ If necessary, I have attached to this Petition the following affidavits:

Affidavit that a Party's Address is Unknown (Form 241)

Petitioner's Supplemental Affidavit Regarding Unknown Father in a Termination of Parental Rights Proceeding (Form 239) (i.e., affidavit that Mother does not know father's name or is unwilling to disclose father's name to Petitioner)

3. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): _____

Address of person(s) or organization:

4. Name(s) of the person(s), DSCYF, or licensed agency **to whom parental rights are sought to be transferred** if this Petition is granted:

Address of person(s), DSCYF, or licensed agency if address is different from address of Petitioner(s):

Affidavit of Consent Accepting Transfer of Parental Rights (Form 200) is attached.

***Necessary unless petition is filed under Section 1103(b) of Title 13.**

5. I acknowledge the following is true with regards to the child(ren) named in this petition:

- DSCYF FILED PETITIONS ONLY:** In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

Results of these efforts:

Statement concerning other placement efforts that have been taken, if any:

- PETITION IS FILED AGAINST ONLY ONE PARENT WITH NO ADOPTION CONTEMPLATED:** The following is the statutorily required statement describing the serious physical or emotional harm to the child(ren) if parental rights are not terminated:

- Termination of Parental Rights is in the best interests of the child(ren).
 - If there are **TWO (2)** Respondents and **BOTH CONSENT** to the termination and transfer of their parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for each Respondent.
 - If there is only **ONE (1)** Respondent **AND** he or she consents to the termination and transfer of his or her parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for that Respondent.
 - If there are **TWO (2)** Respondents **BUT** only **ONE (1)** Respondent consents to the termination and transfer of his or her parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for the consenting Respondent.
7. Attached to this Petition is the *Grounds for Termination of Parental Rights* for each child named above. I have indicated **at least one** *Ground for Termination of Parental Rights* for each child named in this petition.
8. **IF NEITHER DSCYF NOR A LICENSED AGENCY IS A PARTY:** an adoption petition is being filed at the same time as this Petition for Termination of Parental Rights. ***Required unless petition is filed under 13 Del. C. § 1103(b).**

Petitioner	Date	2 nd Petitioner (if any)	Date
Print Name		Print Name	
Sworn to and subscribed before me:		Sworn to and subscribed before me:	
Clerk of Court/Notary Public	Date	Clerk of Court/Notary Public	Date
Print Name		Print Name	

Affidavit of Truth

I/We, _____ state the information in this Petition for Termination of Parental Rights is true and correct to the best of my/our knowledge.

Petitioner

Print Name

2nd Petitioner

Print Name

SWORN TO AND SUBSCRIBED BEFORE ME on this date, _____ .

Clerk of Court/Notary

Print Name

GROUNDS FOR TERMINATION OF PARENTAL RIGHTS

Complete a separate *Grounds for Termination of Parental Rights* form for **each child** named in the *Petition for Termination of Parental Rights*. If there are 2 children, then 2 *Grounds for Termination of Parental Rights* forms MUST be completed and attached to the Petition.

CHILD'S NAME: _____

Indicate the grounds for Termination of Parental Rights (**Place an "X" next to the grounds that apply**). **At least one of the boxes numbered 1 through 9 must be checked.**

CONSENT:

1. A parent of the child, or a person or organization holding parental rights over the child, agrees (consents) that this Petition should be granted.
 A *Consent to Termination and Transfer of Parental Rights* (Form 140) is attached to the Petition.

INTENTIONAL ABANDONMENT:

2. Respondent(s) have intentionally abandoned the child as evidenced by the fact that (**If you check box 2, you must place an "X" next to at least one of the following that apply**):
 - a. The child is younger than 6 months old at the time of filing this Petition and Respondent(s) FAILED to:
 - Pay reasonable prenatal, natal, and postnatal expenses for the child; **AND**
 - Visit regularly with the child or file a petition for visitation with the child; **AND**
 - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - b. The child is at least 6 months old at the time of filing this Petition **AND** for at least 6 consecutive months (6 months in a row) of the 12 months preceding the filing of this Petition, Respondent(s) FAILED to:
 - Communicate or visit regularly with the child; **AND**
 - Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - c. The child is younger than 6 years old at the time of filing this Petition **AND** Respondent(s) have placed the child in circumstances leaving the child in substantial risk of injury or death and, therefore, has manifested (shown) the unwillingness to exercise parental rights and responsibilities.

UNINTENTIONAL ABANDONMENT:

3. Respondent(s) have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent(s) FAILED to:
 - Communicate or visit regularly with the child; **AND**
 - File or pursue a pending Petition to establish paternity or to establish a right to have contact or visitation with the child; **AND**
 - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).

AND at least one of the below applies (**Place an “X” next to at least one of the following that apply**):

- The child is not in the other parents’ legal and physical custody and Respondent(s) are not able or willing promptly to assume legal and physical custody of the child, and to pay for reasonable support for the child.
- The child is in the legal and physical custody of the other parent and a stepparent, and the stepparent is the prospective adoptive parent, and Respondent(s) are not able or willing promptly to establish and maintain contact with the child and to pay reasonable support for the child in accordance with the Respondent(s)’ financial means.
- Placing the child in Respondent(s)’ legal and physical custody would pose a risk of substantial harm to the child’s physical or psychological well-being. Respondent(s) are unfit to maintain a relationship of “parent and child” with the child because of at least one (1) of the following reasons:
 - i. The circumstances of the child’s conception; **OR**
 - ii. Respondent(s)’ behavior during pregnancy; **OR**
 - iii. Respondent(s)’ behavior after the child was born; **OR**
 - iv. Respondent(s)’ behavior with respect to another child.
- Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

DETRIMENTAL TO THE CHILD

In determining whether failure to grant the termination of parental right would be detrimental to the child, the Court will consider all relevant factors, including the following:

- A. The respondent’s efforts to obtain or maintain legal and physical custody of the child.
- B. The role of another person in thwarting the respondent’s efforts to assert parental rights.
- C. The respondent’s ability to care for the child.
- D. The child’s age.
- E. The quality of a previous relationship between the respondent and child, and between the respondent and another child.
- F. The duration and suitability of the child’s current custodial environment.
- G. The effect on the child of a change of physical custody.

CONVICTION OR ADJUDICATION:

4. Respondent(s) have been convicted or adjudicated of the following (or a substantially similar offense in another jurisdiction) (**If you check box 4, you must place an “X” next to at least one of the following that apply**):
- A felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
 - Aided, abetted, attempted, conspired, or solicited to commit a felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
 - Dealing in Children or attempting to deal in children under § 1100A of Title 11; **OR**
 - Felony level endangering the welfare of a child under § 1102 of Title 11; **OR**
 - Murder or manslaughter of the other parent of the child who is the subject of the petition; **OR**
 - Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the other parent of the child who is the subject of this petition.

FAILURE TO PLAN:

5. **DSCYF OR LICENSED AGENCY:** the child is in DSCYF custody or placed by a licensed agency and the Respondent(s) are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development; **AND** at least **ONE (1)** of the following conditions are met (**CHECK ALL THAT APPLY**):
- The child has been in DSCYF custody or placed by a licensed agency for at least 1 year.
 - The child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant.
 - DSCYF previously had custody of the child or another child of the Respondent(s).
 - The Respondent(s) have a history of dependency, neglect, abuse, or lack of care of the child or another child.
 - The Respondent(s) are incapable of discharging parental responsibilities due to extended or repeated incarceration (the Court may consider the Respondent(s)' postconviction conduct).
6. **PRIVATE:** at the time of the Termination of Parental Rights Hearing, the child will be a dependent child or neglected child in the Respondent(s)' care and **ALL** of the following are true:
- The Petitioner is the child's parent, guardian, permanent guardian, or relative.
 - The child has resided in the Petitioner's home for at least 1 year.
 - The Respondent(s) failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition.
 - The Respondent(s) are unlikely to be able to remedy the dependency or neglect in the near future. ***NOTE*:** *in making this determination, the Court shall consider the Respondent(s)' efforts to remedy the dependency or neglect.*

You must also include a detailed statement of why the child would be a dependent child or neglected child in the Respondent(s)' care:

7. **PRIOR INVOLUNTARY TERMINATION:** Respondent(s)' parental rights over another child have been involuntarily terminated in a prior proceeding.
8. **ABUSE:** The Respondent(s) have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.
9. **UNEXPLAINED SERIOUS INJURY OR DEATH:** A child has suffered unexplained serious physical injury, near death, or death under circumstances indicating that the injuries, near death, or death resulted from the Respondent(s)' intentional or reckless conduct or willful neglect.



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

CUSTODY SEPARATE STATEMENT

Petitioner v. Respondent

Name	Name	File Number
------	------	-------------

1. What type of petition are you filing? _____

2. Who is the child(ren) named in your petition? *(Please provide full name and date of birth)*

Child's Name	Date of Birth (mm/dd/yyyy)	Place of Birth (City, State)

3. Have all the children listed above continually resided with one another? Yes No

If you answered "No," the children have not continually resided with one another; please complete a Custody Separate Statement for each child.

CURRENT ADDRESS	<i>Address where child(ren) currently reside(s)</i>			<i>Date(s) Child(ren) lived here</i>	
	** If the address where the child(ren) currently resides is a confidential address in Family Court, DO NOT provide the address on this form. Instead, please mark the fields as CONFIDENTIAL.			to present	
	Address	City	State	Zip	
	<i>People living in the household with the child(ren):</i>		<i>Date of Birth</i>	<i>Relationship to child(ren):</i>	

4. During the **past five years**, where has/have the child(ren) lived? *List addresses from the most recent to the oldest. If the child(ren) is under the age of five years old, end with the first address where the child lived.*

PRIOR ADDRESS	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	
	to				
PRIOR ADDRESS	<i>Person's current address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	
PRIOR ADDRESS	<i>Person's current address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	
PRIOR ADDRESS	<i>Person's current address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	
PRIOR ADDRESS	<i>Person's current address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	
PRIOR ADDRESS	<i>Person's current address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Address where child(ren) previously resided</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
	<i>Date(s) child(ren) lived there</i>	<i>Name of person(s) child(ren) lived with</i>		<i>Relationship to child(ren)</i>	

PRIOR ADDRESS	Address where child(ren) previously resided		City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with		Relationship to child(ren)	
	Person's current address		City	State	Zip Code
PRIOR ADDRESS	Address where child(ren) previously resided		City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with		Relationship to child(ren)	
	Person's current address		City	State	Zip Code

5. Check **ONE** and complete as directed.

- No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).
- A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.

PERSON 1	Name of person(s) with physical custody, legal custody or visitation			Relationship to child(ren)	
	Person's current address	City	State	Zip Code	
PERSON 2	Name of person(s) with physical custody, legal custody or visitation			Relationship to child(ren)	
	Person's current address	City	State	Zip Code	

6. Select all that apply and complete as directed.

- I have not been involved in any other court action for custody and/or visitation of this child(ren).
- I have been involved in another court action for custody and/or visitation of this child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.

ACTION 1	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)		State
	Court	Case Number	Date Filed	
	Result			Date of Order
ACTION 2	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)		State
	Court	Case Number	Date Filed	
	Result			Date of Order
ACTION 3	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)		State
	Court	Case Number	Date Filed	
	Result			Date of Order

7. Check **ONE** and complete as directed.

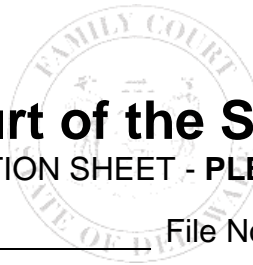
- I do not know of any other court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship, Adoption or Paternity involving myself, the other party or the child(ren) that could affect this petition.
- I, the other party or the child(ren) have been and/or are currently involved in another court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship or Adoption, that could affect this petition. *If you check this box, complete the information below. Attach additional sheets if necessary.*

ACTION 1	<i>Type of Action (e.g. PFA, TPR, Guardianship, Other)</i>		<i>Person (who filed the action)</i>		<i>State</i>
	<i>Court</i>		<i>Case Number</i>	<i>Date Filed</i>	
ACTION 2	<i>Type of Action(e.g. PFA, TPR, Guardianship, Other)</i>		<i>Person (who filed the action)</i>		<i>State</i>
	<i>Court</i>		<i>Case Number</i>	<i>Date Filed</i>	

Petitioner

Sworn to and subscribed before me this ____ day of _____, _____.

Clerk of Court/Notary Public



The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No.: _____

**Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)
PLEASE PRINT CLEARLY**

A. Name: _____

B. Address: _____

City/State/Zip: _____

C. Phone – Home: _____ Work: _____ Cell: _____

D. Email Address: _____

I authorize Family Court to deliver court orders in my case(s) to my email address instead of to my mailing address.*

*Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit <https://judicial.state.de.us/courtbox/Download.aspx?id=94888&court=readonly>.

E. Employer & Address: _____

Hours/Shift: _____

F. Social Security No.: _____ G. Date of Birth: _____

H. Place of Birth (City & State): _____

I. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

J. Type of motor vehicle operated by you: _____

K. Driver's License No.: _____ State of Issue: _____ Expiration Date: _____

L. Your relationship to the Defendant/Respondent: _____

M. Attorney: _____

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace City & State

Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)

N. Defendant/Respondent is a: (Check One) **ADULT** **JUVENILE**

O. Name: _____

P. Address: _____
City/State/Zip: _____

Q. Phone – Home: _____ Work: _____ Cell: _____

R. Email Address: _____

S. Employer & Address: _____

Hours/Shift _____

T. Social Security No.: _____ U. Date of Birth: _____

V. Place of Birth (City & State): _____

W. Relationship to Child: Not Applicable Mother Father Relative Non-Relative
 Other (Please Describe): _____

X. Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Marks/Scars/Tattoos: _____

Y. Driver's License State & No.: _____ Z. Type of vehicle operated by Defendant/Respondent: _____

AA. Parent's Name (if a juvenile): _____

AB. Time when Respondent is usually home: _____

AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

DIRECTIONS TO RESPONDENT'S RESIDENCE

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County



_____,
 Petitioner
 v.
 _____,
 Respondent

)
)
)
)
)
)
)

File No.: _____

Petition No.: _____

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hours Likely to be served: _____ to _____ to _____

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hours Likely to be served: _____ to _____ to _____

In the event that personal service on one or more of the respondents cannot be effected in Delaware, and the Court finds that personal service is unlikely, please send a summons by U.S. first class mail and U.S. registered or certified mail to the home address listed above. In addition, please publish notice of this action in the following newspapers most likely to give the respondent(s) notice of this action consistent with the requirements of 13 Del. C. § 1107A:

Respondent Name	Local Publication	Foreign Publication (if necessary)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Newspaper Address: _____

Attention: _____

Date

Attorney for Petitioner



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

)		
Petitioner)		File No.:
v.)		
)		Petition No.:
Respondent)		
)		
)		

ORDER OF REFERENCE FOR TERMINATION OF PARENTAL RIGHTS

HAVING CONSIDERED the request of the Movant, _____ ; and

WHEREAS, the foregoing Petition for Termination of Parental Rights having been presented to the Court; and

WHEREAS, appearing that the Petition has been properly filed:

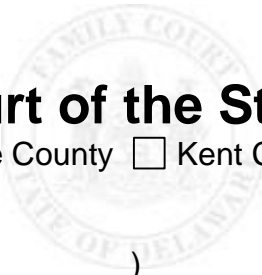
IT IS HEREBY ORDERED, this _____ day of _____ , _____ :

1. _____ shall perform a Social Study and submit a report to the Court as required by 13 *Del. C.* § 1107(b) within **six (6) months** of the date of this Order.
(Agency)
2. As required by Section 1107(b), the report must consider the best interest factors under Section 722 of Title 13 and include all statutorily referenced elements.

Judge Signature

Judge Print

Date mailed/emailed:



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

Petitioner
v.

Respondent

)
)
)
)
)
)
)
)
)
)
)

File No.: _____

Petition No.: _____

ORDER FOR HEARING FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, the foregoing Petition of _____ having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on _____ at _____ o'clock at which time the Petitioner shall appear to establish that Respondent's parental rights in _____ should be terminated and said rights granted to _____ and Respondent may appear in opposition to the petition and in opposition to the evidence offered in support thereof.

IT IS FURTHER ORDERED that the Clerk of Court shall cause notice of the time, place and purpose of the hearing to be served upon _____ at their last known address. If such personal service cannot be accomplished, then such notice shall be published:

On the Court's legal notices website for at least three consecutive weeks.

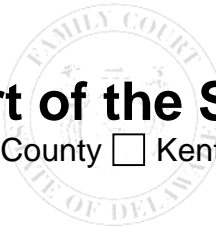
OR

In _____ once each week for three consecutive weeks.

If publication is necessary, notice shall also be sent to the Respondent by regular and certified mail to the last known address, a copy of the Petition attached thereto.

So Ordered this Date: _____

Judge



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

_____ ,
 Petitioner)
)
 v.)
)
 _____ ,
 Respondent)
)
)
)
)

File No.: _____

Petition No.: _____

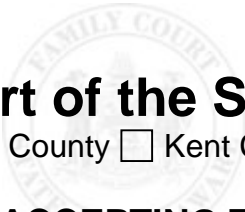
FINAL ORDER FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, this _____ day of _____, _____ the Petition of _____ for the Termination of Parental Rights of _____ having been presented to and duly considered by this Court and the Court being satisfied from the evidence presented at the hearing on said Petition that the grounds for Termination of Parental Rights as defined by 13 *Del.C.* § 1103 have been established.

IT IS ORDERED that all parental rights of the said _____ with respect to _____ be and they are hereby terminated and transferred to the Petitioner, _____ .

Judge Signature

Judge Print



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

AFFIDAVIT OF CONSENT ACCEPTING TRANSFER OF PARENTAL RIGHTS IN ACCORDANCE WITH 13 *Del. C.* § 1106(e).

_____)	
)	
Petitioner,)	File No.: _____
v.)	
)	Petition No.: _____
_____)	
Respondent,)	

In the matter of:

DOB

_____ hereby agrees to accept the transfer of parental rights over the involved minor child(ren), pursuant to 13 *Del. C.* § 1106(e).

_____ Date

_____ Consenting Party Name

_____ Consenting Party Signature

Sworn to and subscribed before me this _____ day of _____,

_____ Clerk of Court/Notary Public



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN

Petitioner Name:	Respondent Name:
---------------------	---------------------

File Number
Petition Number

State of Delaware)
)
 _____ County)

BE IT REMEMBERED, that on this _____ day of _____, _____, personally appeared before me, a Notary Public for the State and County aforesaid, _____ ("Affiant"), who, being by me duly sworn according to law did depose and say:

1. My name is _____
2. I do not know the current address or telephone number, nor do I know anyone who could provide me with the current address or telephone number of _____. I have contacted his/her:
 (Please check as appropriate) Parent Spouse Employer Other: _____
3. His/Her last known address and telephone number were:

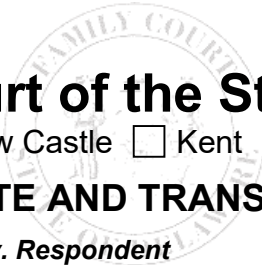
Street Address (including Apt)	
P.O. Box Number	
City/State/Zip Code	
Phone Number	Information as of: (date)

4. I have had no contact with him/her since _____.
5. I have been informed of my responsibility to accomplish publication, unless the Court has approved my application to proceed In Forma Pauperis and has waived publication costs.
6. I understand I must file with the Court the Affidavit of Publication within 30 days of filing this form. I further understand that my failure to do so will result in the petition being dismissed.
7. I understand publication is not permitted in paternity, spousal support, or child support cases.
8. The information contained herein is true and correct to the best of my knowledge and belief.

Affiant

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/ Notary Public Date



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner

v. Respondent

Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
D.O.B.	D.O.B.	
Email Address	Email Address	
Attorney Name	Attorney Name	

1. I, _____, am the Mother Father Presumed Father of the following children:

_____, born on _____
 _____, born on _____
 _____, born on _____
 _____, born on _____

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:

The Department of Services for Children, Youth, and Their Families or an approved adoption agency, namely: _____

Chosen Adopted Parents: _____

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

(a) **within fourteen (14) days of executing this consent**, I deliver written notification of revocation to whom the parental rights are to be transferred that I revoke my consent; **OR**

(b) I comply with the following instruction for revocation: _____ ; **OR**

(c) the agency or individual that accepted the consent and I agree to its revocation.

6. I also understand that the Court may set aside my consent if I establish:

(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.

7. I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
8. I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
 - my right to service of process;
 - my right to notice of such a hearing;
 - my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court. Yes No
12. The attorney who represents me regarding this consent is:
 Any questions that I have about this consent were answered by my attorney.
 I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney.
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ at _____ (AM/PM)
Date and Time Signed

Signature of Consenting Parent

Printed Name of Consenting Parent

Location of Signing

<i>Mailing Address of Consenting Parent</i>		
<i>Street Address</i>		
<i>P.O. Box Number</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date of Birth of Consenting Parent</i>		

TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, _____, the mother father presumed father of
_____, who was born on _____, do state that I:
(Child's Name)

1. Believe that placement of my child for adoption by _____, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Date

Consenting Party

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 *Del. C.* § 1106(c) because I am
 A judge or commissioner of a court of record;
 An individual designated by a judge to take consents;
 An employee designated by an agency to take consents;
 A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
 A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
 An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party;
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party read/ was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
 Not a minor; **or**
 Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

Date

Authorized Person
(printed name)

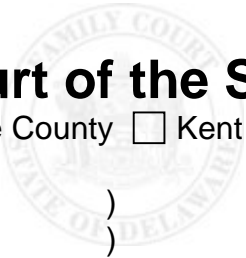
Authorized Person
(signature)

Agency: _____

Address: _____

The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County



_____))
_____))
Petitioner,) File No.: _____
and))
_____))
_____))
Respondent,))
_____)
_____)

WAIVER OF RIGHTS UNDER THE
“SERVICEMEMBERS CIVIL RELIEF ACT”

STATE OF DELAWARE)
))
_____ COUNTY) ss.

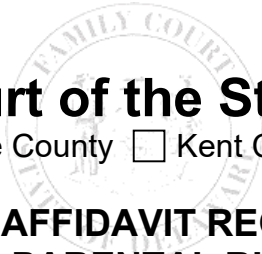
BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, (“Affiant”), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the “Servicemembers Civil Relief Act” and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

Respondent (“Affiant”)

SWORN TO AND SUBSCRIBED before me this date, _____, _____, _____

Notary Public or Clerk of Court



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

PETITIONER'S SUPPLEMENTAL AFFIDAVIT REGARDING UNKNOWN FATHER IN A TERMINATION OF PARENTAL RIGHTS PROCEEDING

<i>Petitioner</i>	<i>Respondent (Mother)</i>

<i>Respondent (Father)</i>
UNKNOWN FATHER

File Number
Petition Number

State of Delaware)
)
 _____ County)

1. My name is _____
2. I am the Petitioner in the above action and have filed a termination of parental rights petition involving _____, the child who is the subject of the petition.
(Child's Name)
3. I affirm the following **(please check one)**:
 - Mother does not know the father's name.
 - Mother is unwilling to disclose the father's name to me.
4. The information above is true and correct to the best of my knowledge and belief.

Affiant Signature

Print Name

Sworn to subscribed before me this _____ day of _____, _____

Clerk of Court/ Notary Public

Date

Print Name



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

MOTION FOR CONTINUANCE

Petitioner

Respondent

Name	Name	File Number
Street Address (include Apt)	Street Address (include Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
Date of Birth	Date of Birth	
Attorney Name	Attorney Name	

A PROCEEDING involving _____ having been filed in this Court on _____, Movant hereby moves the Court for a Continuance and, in support thereof, alleges the following facts:

1. I cannot attend the Court Proceeding scheduled on _____ at _____ due to:

Documentation must be attached.

2. I have contacted the opposing counsel or the opposing party if unrepresented regarding this continuance request and the following is his or her position:

3. This case has been scheduled for a hearing _____ times previously.

If you have a conflict with another case in this or any other Court, you need to attach a copy of that notice. Pursuant to Civil Rule 40, you must also provide the following information:

- i. the reasons why the conflict cannot be resolved;
- ii. the relative importance of the conflicting cases;
- iii. the relative inconvenience of the parties, witnesses, and other person if a continuance is granted;
- iv. the dates on which each court scheduled the case and whether the court which created the scheduling conflict was aware that a conflict was being created; and
- v. other information which will be helpful to the judicial officer in deciding which of the conflicting matters should take precedence.

SWORN TO AND SUBSCRIBED before me this date,

Movant/Attorney

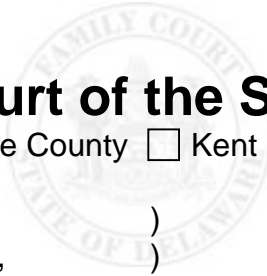
Clerk of Court/ Notary Public

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date _____, and sent to the other party or attorney at the address listed on the petition, being _____, first class postage pre-paid.

SWORN TO AND SUBSCRIBED before me this date,

Movant/Attorney

Clerk of Court/ Notary Public



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

_____ ,
 Petitioner)
)
 v.)
)
 _____ ,
 Respondent)
)
)
)

File No.: _____

Petition No.: _____

NOTICE OF MOTION

TO:

PLEASE TAKE NOTICE that the attached Motion for _____
 is herewith presented to the Court for consideration. If you are opposed to this motion, you must file
 a written response with the Court within ten (10) days of the service of this motion. If no response is
 timely filed, the motion may be decided without further opportunity for you to be heard on the matter.
 Family Court Rules, Rule 7(b)(2).

Dated:

Movant/Attorney

Name and address of Movant or Attorney
Street Address (including Apt)
P.O. Box Number
City/State/ Zip Code

The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

Petitioner

Respondent

Name	Name	File Number
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
Date of Birth	Date of Birth	
Attorney Name	Attorney Name	

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE)
)
 _____ COUNTY) ss.

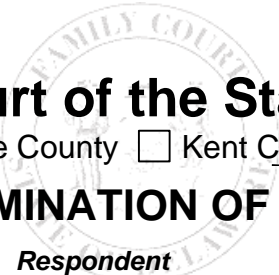
BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the above captioned civil action;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 3931 of the Servicemembers Civil Relief Act (50 U.S.C.A. § 3931).

Affiant

SWORN TO AND SUBSCRIBED before me this date, _____

Clerk of Court/Notary Public



The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

PETITION FOR TERMINATION OF PARENTAL RIGHTS

Check the county in which you are filing

Petitioner

Respondent

Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Email Address	Email Address
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

File Number
Petition Number

Write in the file and petition number if known

Enter all information on all Petitioners and Respondents if known

2nd Petitioner (if applicable)

2nd Respondent (if applicable)

Name	Name
D.O.B.	D.O.B.
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
Home Phone Number Work Phone Number	Home Phone Number Work Phone Number
Email Address	Email Address
Relation to Child(ren)	Relation to Child(ren)
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

Child Attorney (if applicable)

Name	
Law Firm	
Office Address	
City	State Zip Code
Phone Number	Email Address

List the child's attorney if there is one

Read each question carefully and enter as much information as possible. If you are unclear on any question, seek the guidance of an attorney

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete for each child for whom petitioner wants parental rights terminated. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

	NAME	Address	Date of Birth	Social Security Number
PARENT 1	_____	_____	_____	_____
PARENT 2	_____	_____	_____	_____

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

I have tried to determine whether the mother was married at the probable time of conception or thereafter.

I have tried to determine whether the mother named anyone as the father on the child's birth certificate.

➤ If necessary, I have attached to this Petition the following affidavits:

Affidavit that a Party's Address is Unknown (Form 241)

Petitioner's Supplemental Affidavit Regarding Unknown Father in a Termination of Parental Rights Proceeding (Form 239) (i.e., affidavit that Mother does not know father's name or is unwilling to disclose father's name to Petitioner)

3. Name(s) of the person(s) or organization having the guardianship, care, control or custody of the child(ren): _____

Address of person(s) or organization:

DSCYF – Department of Services for Children,
Youth and their Families

4. Name(s) of the person(s), DSCYF, or licensed agency to whom parental rights are sought to be transferred if this Petition is granted:

Address of person(s), DSCYF, or
licensed agency if address is
different from address of
Petitioner(s):

Affidavit of Consent Accepting Transfer of Parental Rights (Form 200) is attached.

***Necessary unless petition is filed under Section 1103(b) of Title 13.**

Read carefully and answer and check all boxes that apply

5. I acknowledge the following is true with regards to the child(ren) named in this petition:

- DSCYF FILED PETITIONS ONLY:** In the case where both parents' parental rights are sought to be terminated with regard to the child(ren) named in this Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

Results of these efforts:

Statement concerning other placement efforts that have been taken, if any:

- PETITION IS FILED AGAINST ONLY ONE PARENT WITH NO ADOPTION CONTEMPLATED:** The following is the statutorily required statement describing the serious physical or emotional harm to the child(ren) if parental rights are not terminated:

- Termination of Parental Rights is in the best interests of the child(ren).
 - If there are **TWO (2)** Respondents and **BOTH CONSENT** to the termination and transfer of their parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for each Respondent.
 - If there is only **ONE (1)** Respondent **AND** he or she consents to the termination and transfer of his or her parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for that Respondent.
 - If there are **TWO (2)** Respondents **BUT** only **ONE (1)** Respondent consents to the termination and transfer of his or her parental rights, **ATTACHED** to this Petition is the *Consent to Termination and Transfer of Parental Rights* (Form 140) for the consenting Respondent.
7. Attached to this Petition is the *Grounds for Termination of Parental Rights* for each child named above. I have indicated **at least one** *Ground for Termination of Parental Rights* for each child named in this petition.
8. **IF NEITHER DSCYF NOR A LICENSED AGENCY IS A PARTY:** an adoption petition is being filed at the same time as this Petition for Termination of Parental Rights. ***Required unless petition is filed under 13 Del. C. § 1103(b).**

Only sign in the presence of a Notary or Clerk of the Court

Petitioner	Date	2 nd Petitioner (if any)	Date
Print Name		Print Name	
Sworn to and subscribed before me:		Sworn to and subscribed before me:	
Clerk of Court/Notary Public	Date	Clerk of Court/Notary Public	Date
Print Name		Print Name	

Affidavit of Truth

I/We, _____ state the information in this Petition for Termination of Parental Rights is true and correct to the best of my/our knowledge.

Only sign in the presence of a
Notary or Clerk of the Court

Petitioner

Print Name

2nd Petitioner

Print Name

SWORN TO AND SUBSCRIBED BEFORE ME on this date, _____ .

Clerk of Court/Notary

Print Name

Read carefully and answer and check all boxes that apply

GROUNDS FOR TERMINATION OF PARENTAL RIGHTS

Complete a separate *Grounds for Termination of Parental Rights* form for **each child** named in the *Petition for Termination of Parental Rights*. If there are 2 children, then 2 *Grounds for Termination of Parental Rights* forms MUST be completed and attached to the Petition.

CHILD'S NAME: _____

Indicate the grounds for Termination of Parental Rights (**Place an "X" next to the grounds that apply**). **At least one of the boxes numbered 1 through 9 must be checked.**

CONSENT:

- 1. A parent of the child, or a person or organization holding parental rights over the child, agrees (consents) that this Petition should be granted.
 A *Consent to Termination and Transfer of Parental Rights* (Form 140) is attached to the Petition.

INTENTIONAL ABANDONMENT:

- 2. Respondent(s) have intentionally abandoned the child as evidenced by the fact that (**If you check box 2, you must place an "X" next to at least one of the following that apply**):
 - a. The child is younger than 6 months old at the time of filing this Petition and Respondent(s) FAILED to:
 - Pay reasonable prenatal, natal, and postnatal expenses for the child; **AND**
 - Visit regularly with the child or file a petition for visitation with the child; **AND**
 - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - b. The child is at least 6 months old at the time of filing this Petition **AND** for at least 6 consecutive months (6 months in a row) of the 12 months preceding the filing of this Petition, Respondent(s) FAILED to:
 - Communicate or visit regularly with the child; **AND**
 - Manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).
 - c. The child is younger than 6 years old at the time of filing this Petition **AND** Respondent(s) have placed the child in circumstances leaving the child in substantial risk of injury or death and, therefore, has manifested (shown) the unwillingness to exercise parental rights and responsibilities.

UNINTENTIONAL ABANDONMENT:

- 3. Respondent(s) have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before filing this Petition, Respondent(s) FAILED to:
 - Communicate or visit regularly with the child; **AND**
 - File or pursue a pending Petition to establish paternity or to establish a right to have contact or visitation with the child; **AND**
 - Manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the other parent).

Read carefully and answer and check all boxes that apply

AND at least one of the below applies (**Place an “X” next to at least one of the following that apply**):

- The child is not in the other parents’ legal and physical custody and Respondent(s) are not able or willing promptly to assume legal and physical custody of the child, and to pay for reasonable support for the child.
- The child is in the legal and physical custody of the other parent and a stepparent, and the stepparent is the prospective adoptive parent, and Respondent(s) are not able or willing promptly to establish and maintain contact with the child and to pay reasonable support for the child in accordance with the Respondent(s)’ financial means.
- Placing the child in Respondent(s)’ legal and physical custody would pose a risk of substantial harm to the child’s physical or psychological well-being. Respondent(s) are unfit to maintain a relationship of “parent and child” with the child because of at least one (1) of the following reasons:
 - i. The circumstances of the child’s conception; **OR**
 - ii. Respondent(s)’ behavior during pregnancy; **OR**
 - iii. Respondent(s)’ behavior after the child was born; **OR**
 - iv. Respondent(s)’ behavior with respect to another child.
- Failure to grant the Petition for Termination of Parental Rights would be detrimental to the child.

DETRIMENTAL TO THE CHILD

In determining whether failure to grant the termination of parental right would be detrimental to the child, the Court will consider all relevant factors, including the following:

- A. The respondent’s efforts to obtain or maintain legal and physical custody of the child.
- B. The role of another person in thwarting the respondent’s efforts to assert parental rights.
- C. The respondent’s ability to care for the child.
- D. The child’s age.
- E. The quality of a previous relationship between the respondent and child, and between the respondent and another child.
- F. The duration and suitability of the child’s current custodial environment.
- G. The effect on the child of a change of physical custody.

CONVICTION OR ADJUDICATION:

4. Respondent(s) have been convicted or adjudicated of the following (or a substantially similar offense in another jurisdiction) (**If you check box 4, you must place an “X” next to at least one of the following that apply**):
- A felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
 - Aided, abetted, attempted, conspired, or solicited to commit a felony level offense against the person under Subchapter II of Chapter 5 of Title 11, in which the victim was a child; **OR**
 - Dealing in Children or attempting to deal in children under § 1100A of Title 11; **OR**
 - Felony level endangering the welfare of a child under § 1102 of Title 11; **OR**
 - Murder or manslaughter of the other parent of the child who is the subject of the petition; **OR**
 - Aiding, abetting, attempting, conspiring, or soliciting to commit murder or manslaughter of the other parent of the child who is the subject of this petition.

Read carefully and answer and check all boxes that apply

FAILURE TO PLAN:

5. **DSCYF OR LICENSED AGENCY:** the child is in DSCYF custody or placed by a licensed agency and the Respondent(s) are not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development; **AND** at least **ONE (1)** of the following conditions are met (**CHECK ALL THAT APPLY**):
- The child has been in DSCYF custody or placed by a licensed agency for at least 1 year.
 - The child has been in DSCYF custody or placed by a licensed agency for at least 6 months and the child came into care as an infant.
 - DSCYF previously had custody of the child or another child of the Respondent(s).
 - The Respondent(s) have a history of dependency, neglect, abuse, or lack of care of the child or another child.
 - The Respondent(s) are incapable of discharging parental responsibilities due to extended or repeated incarceration (the Court may consider the Respondent(s)' postconviction conduct).
6. **PRIVATE:** at the time of the Termination of Parental Rights Hearing, the child will be a dependent child or neglected child in the Respondent(s)' care and **ALL** of the following are true:
- The Petitioner is the child's parent, guardian, permanent guardian, or relative.
 - The child has resided in the Petitioner's home for at least 1 year.
 - The Respondent(s) failed to discharge parental responsibilities for at least 12 of the 18 months preceding the filing of the petition.
 - The Respondent(s) are unlikely to be able to remedy the dependency or neglect in the near future. ***NOTE*:** *in making this determination, the Court shall consider the Respondent(s)' efforts to remedy the dependency or neglect.*

You must also include a detailed statement of why the child would be a dependent child or neglected child in the Respondent(s)' care:

7. **PRIOR INVOLUNTARY TERMINATION:** Respondent(s)' parental rights over another child have been involuntarily terminated in a prior proceeding.
8. **ABUSE:** The Respondent(s) have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.
9. **UNEXPLAINED SERIOUS INJURY OR DEATH:** A child has suffered unexplained serious physical injury, near death, or death under circumstances indicating that the injuries, near death, or death resulted from the Respondent(s)' intentional or reckless conduct or willful neglect.

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County



Check the county in which you are filing.

CUSTODY SEPARATE STATEMENT

Petitioner

v. Respondent



Name Anne C. Smith	Name John D. Smith	File Number CK04-1211
-----------------------	-----------------------	--------------------------



1. What type of petition are you filing? FILL IN PETITION TYPE (E.g. Petition for Custody)



2. Who is the child(ren) named in your petition? (Please provide full name and date of birth)

Child's Name	Date of Birth (mm/dd/yyyy)	Place of Birth (City, State)
Doug A. Smith	10/15/2010	Dover, DE
Mary J. Smith	4/22/2013	Dover, DE



3. Have all the children listed above continually resided with one another? Yes No

If you answered "No," the children have not continually resided with one another; please complete a Custody Separate Statement for each child.

CURRENT ADDRESS	Address where child(ren) <u>currently reside(s)</u>			Date(s) Child(ren) lived here	
	** If the address where the child(ren) currently resides is a confidential address in Family Court, DO NOT provide the address on this form. Instead, please mark the fields as CONFIDENTIAL.			1/28/2016 to present	
	Address		City	State	Zip
	101 Oak Street, Apt 123		Dover	DE	19901
	People living in the household with the child(ren):		Date of Birth	Relationship to child(ren):	
Anne C. Smith		12/26/1985	Mother		
Mary A. White		4/28/1959	Grandmother		



4. During the **past five years**, where has/have the child(ren) lived? List addresses from the most recent to the oldest. If the child(ren) is under the age of five years old, end with the first address where the child lived.

PRIOR ADDRESS	Address where child(ren) previously resided		City	State	Zip Code
	10 Clayton Street		New Castle	DE	19720
PRIOR ADDRESS	Date(s) child(ren) lived there	Name of person(s) child(ren) lived with		Relationship to child(ren)	
	2/14/2014 to 1/27/2016	Anne C. Smith & Mary A. White		Mother and Grandmother	
	Person's current address		City	State	Zip Code
PRIOR ADDRESS	101 Oak Street, Apt 123		Dover	DE	19901
	Address where child(ren) previously resided		City	State	Zip Code
	490 Pine Street		Wilmington	DE	19899
	Date(s) child(ren) lived there	Name of person(s) child(ren) lived with		Relationship to child(ren)	
10/1/2010 to 2/14/2014	John V. Smith and Anne C. Smith		Father Mother		
Person's current address		City	State	Zip Code	
Unknown (John Smith)		Dover	DE	19901	
101 Oak Street, Apt 123					

PRIOR ADDRESS	Address where child(ren) previously resided		City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)		
	Person's current address		City	State	Zip Code
PRIOR ADDRESS	Address where child(ren) previously resided		City	State	Zip Code
	Date(s) child(ren) lived there to	Name of person(s) child(ren) lived with	Relationship to child(ren)		
	Person's current address		City	State	Zip Code



5. Check **ONE** and complete as directed.

- No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).
 A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.

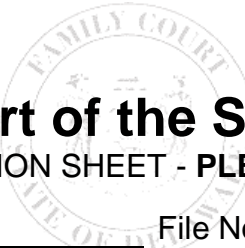
PERSON 1	Name of person(s) with physical custody, legal custody or visitation		Relationship to child(ren)		
	Person's current address	City	State	Zip Code	
PERSON 2	Name of person(s) with physical custody, legal custody or visitation		Relationship to child(ren)		
	Person's current address	City	State	Zip Code	



6. Select all that apply and complete as directed.

- I have not been involved in any other court action for custody and/or visitation of this child(ren).
 I have been involved in another court action for custody and/or visitation of this child(ren). If you check this box, complete the information below. Attach additional sheets if necessary.

ACTION 1	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State		
	Visitation	John V. Smith	DE		
	Court	Case Number	Date Filed		
	Family Court	CK16-1122	10/2/2016		
	Result	Date of Order			
	Visitation granted	12/15/2016			
ACTION 2	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State		
	Court	Case Number	Date Filed		
	Result	Date of Order			
ACTION 3	Type of Action (e.g. Custody, Visitation, Other)	Person (who filed the action)	State		
	Court	Case Number	Date Filed		
	Result	Date of Order			



The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

The date you file the form

Date: 12/13/17

File No.: CN-9999

Enter the file number if you know it, if not, leave blank

Please fill in A to M pertaining to you the Applicant/Petitioner. (For additional petitioners use additional sheets)
PLEASE PRINT CLEARLY

A. Name: Anne C. Smith
 B. Address: 101 Oak Street, Apt. 123
 City/State/Zip: Dover, DE 19901

Each Petitioner must complete a separate form. Complete all information on the form.

C. Phone – Home: 302-555-1111 Work: 302-555-9999 Cell: 302-999-8888

D. Email Address: Anne.C.Smith@example.com

I authorize ← If you check this box, you are authorizing the Court to send you notices by email. You will not receive notices in regular mail. address.* instead of to my mailing address.*

*Please note that if you checked the email authorization box, all orders in your pending civil cases in Family Court will be sent in an encrypted email via Egress to the email address provided and will not be mailed to your physical address. For information on how to receive encrypted emails through Egress, please visit <https://judicial.state.de.us/courtdox/Download.aspx?id=94888&court=readonly>.

E. Employer & Address: ABC Child Care Center
500 Pine Street
Dover, DE 19904

Hours/Shift Monday - Friday 7:00am - 5:00pm

F. Social Security No.: 000-00-000 G. Date of Birth: 2/3/1986

H. Place of Birth (City & State): Wilmington, DE

I. Sex: F Race: BR Height: 5ft 9 Weight: 130 Hair: Brown Eyes: Blue

Marks/Scars/Tattoos: N/A

J. Type of motor vehicle operated by you: Honda Accord

K. Driver's License No.: 1234567 State of Issue: DE Expiration Date: 2/3/2020

L. Your relationship to the Defendant/Respondent: Sister

M. Attorney: N/A

Please fill out the information below in reference to the child(ren) who are involved.

Children

Name	Relationship	Sex	Race	D.O.B.	SSN	Birthplace City & State
<u>Douglas Harding</u>	<u>Nephew</u>	<u>M</u>	<u>White</u>	<u>10/14/2012</u>	<u>987-65-4321</u>	<u>Newark, DE</u>

Please fill in N to AC pertaining to the Defendant/Respondent. (For additional respondents use additional sheets)

N. Defendant/Respondent is a: (Check One) ADULT JUVENILE

O. Name: Michelle Jones

P. Address: 6 Walnut Street - APT D
City/State/Zip: Newark, DE 19711

Q. Phone – Home: N/A Work: NA Cell: 302-222-3333

R. Email Address: MichelleJones@example.com

S. Employer & Address: N/A

Hours/Shift N/A

T. Social Security No.: Unknown U. Date of Birth: 5/1/1989

V. Place of Birth (City & State): Wilm., DE

W. Relationship to Child: Not Applicable Mother Father Relative Non-Relative
 Other (Please Describe): _____

X. Sex: F Race: BR Height: 5 ft Weight: 130 Hair: Brown Eyes: Brown

Marks/Scars/Tattoos: Hello Kitty Tattoo upper right arm

Y. Driver's License State & No.: Unknown Z. Type of vehicle operated by Defendant/Respondent: Ford - Pickup

AA. Parent's Name (if a juvenile): N/A

AB. Time when Respondent is usually home: Unknown

You must complete a separate form for each Defendant/Respondent.

AC. Additional information about Respondent that may aid the process server in locating him/her to serve petition:

If you are unable to locate the respondent at her residence, she spends a lot of time with her boyfriend at 775 Spruce Street in Middletown, DE 19765

List places where the Respondent spends time other than at home. The more information the better.

DIRECTIONS TO RESPONDENT'S RESIDENCE

Home: West on Talbot, right on Walnut, brown apartment building #6, APT D

Boyfriend: 896 So to 301, turn left, to Spruce. White house on left.

Write directions to each address listed on this form to make sure that the process server can locate the Respondent.

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Check the county in which you are filing.

Anne C. Smith/Scott R. Smith ,)
 Petitioner)
 v.)
Michelle Jones/Steven Harding ,)
 Respondent)

File No.: CK07-0550
 Petition No.: 07-0223

PRAECIPE IN A TERMINATION OF PARENTAL RIGHTS ACTION

TO: Clerk of Court,

Please issue a summons and copies of the petition upon the respondent(s) by personal service at the following addresses in Delaware:

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Michelle Jones	123 State Street Dover DE 19901	XYZ Corporation 67 Walnut Avenue Dover DE 19901
Hours Likely to be served:	5pm to 10pm	9am to 4pm

RESPONDENT NAME	HOME ADDRESS	WORK ADDRESS
Steven Harding	123 Main Street Dover DE 19901	ACME Corporation 88 North Avenue Dover DE 19901
Hours Likely to be served:	5pm to 10pm	9am to 4pm

In the event that personal service on one or more of the respondents cannot be effected in Delaware, and the Court finds that personal service is unlikely, please send a summons by U.S. first class mail and U.S. registered or certified mail to the home address of each respondent(s) in addition, please publish notice of this action in the following newspapers consistent with the requirements of 13 Del. C. § 1306. Information regarding local publications is available in the self-help/resource centers.

Respondent Name	Local Publication	Foreign Publication (if necessary)
Michelle Jones/Steven Harding	Delaware State News Newspaper Address: 110 Galaxy Drive Dover, DE 19901	

Attention: _____

December 17, 2007
 Date

Anne C. Smith
 Attorney for Petitioner

Complete the top portion of this form only

The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

Jane Doe
Petitioner

Check the county in which you are filing

v.
John Doe
Respondent

Enter the Petitioner and Respondent's names

File No.: CN22-12345

Petition No.: 22-09876

Enter the File and Petition Numbers here if you know them

Court Staff will complete the middle portion of this order

ORDER FOR HEARING FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, the foregoing Petition of _____ having been read and considered,

IT IS ORDERED that the above matter be set down for a hearing on _____ at _____ o'clock at which time the Petitioner shall appear to establish that Respondent's parental rights in _____ should be terminated and said rights granted to _____ and Respondent may appear in opposition to the petition and in opposition to the evidence offered in support thereof.

IT IS FURTHER ORDERED that the Clerk of Court shall cause notice of the time, place and purpose of the hearing to be served upon _____ at their last known address. If such personal service cannot be accomplished, then such notice shall be published:

On the Court's legal notices website for at least three consecutive weeks.

OR

In _____ once each week for three consecutive weeks.

If publication is necessary, notice shall also be sent to the Respondent by regular and certified mail to the last known address, a copy of the Petition attached thereto.

The Hearing Officer will date and sign this order

So Ordered this Date: _____
Judge

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Check the county in which you are filing.

Fill out only the top portion of this form.



Anne C. Smith/Scott R. Smith ,

Petitioner

v.

Michelle Jones/ Steven Harding ,

Respondent

File No.: CN07-0550

Petition No.: 07-0223

This portion of the form will be completed by Court staff.



FINAL ORDER FOR TERMINATION OF PARENTAL RIGHTS

AND NOW, TO WIT, this _____ day of _____, the Petition of _____ for the Termination of Parental Rights of _____ having been presented to and duly considered by this Court and the Court being satisfied from the evidence presented at the hearing on said Petition that the grounds for Termination of Parental Rights as defined by 13 Del.C. § 1103 have been established

IT IS ORDERED that all parental rights of the said _____ with respect to _____, be and they are hereby terminated and transferred to the Petitioner, _____.

Judge



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Check the box of the county where you are filing

AFFIDAVIT OF CONSENT ACCEPTING TRANSFER OF PARENTAL RIGHTS IN ACCORDANCE WITH 13 Del. C. § 1106(e).

 Anne Smith
 Petitioner,
 v.

 Michelle Jones
 Respondent,

File No.: CK04-1211

Petition No.: _____

Write the file and petition numbers if you know it.

In the matter of:

 Doug Smith

 10/14/2005

 DOB

The name of the person accepting parental rights of the child(ren)

Anne Smith hereby agrees to accept the transfer of parental rights over the involved minor child(ren), pursuant to 13 Del. C. § 1106(e).

4/1/2006
Date

Anne Smith
Consenting Party Name

Anne Smith
Consenting Party Signature

Only sign in the presence of a Notary or Clerk of the Court

Sworn to and subscribed before me this 1st day of April, 2006

Donna King
Clerk of Court/Notary Public

The Family Court of the State of Delaware

in and for New Castle Kent Sussex County

Check the county in which you are filing.

AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN

Petitioner		
Last	First	MI
Smith	Anne	C.

vs.

Respondent		
Last	First	MI
Jones	Michelle	
Harding	Steven	

File No.
CPI No.

Fill in the county in which you are filing.

State of Delaware)
)
Kent County)

SS.

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this 17th day of March, 2007, personally appeared before me, a Notary Public for the State and County aforesaid, Anne C. Smith, ("Affiant"), who, being by me duly sworn according to law did depose and say:

The person filling out the form is the "Affiant" and his/her name goes here.

1. My name is Anne C. Smith

2. I do not know the current address and/or telephone number, nor do I know anyone who could provide me with the current address and/or telephone number of Michelle Jones. I have contacted his/her (Please check as appropriate) Parent Spouse Employer Other: Respondent's Brother. His/Her last known address and telephone number were:

490 Pine Street
Wilmington, Delaware 19899


Fill in the date that the Respondent last lived at the above address.

as of January 10, 2004.

3. I have had no contact with him/her since January 1, 2004.

4. I have been informed of my responsibility to accomplish publication and my failure to do so will result in the petition being dismissed.

5. The information contained herein is true and correct to the best of my knowledge and belief.

 Sign in the presence of a notary.

 Anne C. Smith
 Affiant

SWORN TO AND SUBSCRIBED before me this date, _____.

 Signed by notary.
Donna King
 Notary Public

This form should be completed and signed in the presence of a person authorized to take consents to terminate parental rights. See the bottom of page 3

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Check the county in which you are filing

Petitioner

v. Respondent

Name	Name
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City State Zip Code	City State Zip Code
D.O.B.	D.O.B.
Email Address	Email Address
Attorney Name	Attorney Name

File Number
Petition Number

Write in the file and petition number if known

Enter all information on Petitioner and Respondent if known

1. I, _____, am the Mother Father Presumed Father of the following children:

_____, born on _____

_____, born on _____

_____, born on _____

_____, born on _____

2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:

The Department of Services for Children, Youth, and Their Families
namely: _____

Chosen Adopted Parents: _____

Read each question carefully and enter as much information as possible. If you are unclear on any question, seek the guidance of an attorney

3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).

4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

(a) **within fourteen (14) days of executing this consent**, I deliver written notification of revocation to whom the parental rights are to be transferred that I revoke my consent; **OR**

(b) I comply with the following instruction for revocation: _____ ; **OR**

(c) the agency or individual that accepted the consent and I agree to its revocation.

6. I also understand that the Court may set aside my consent if I establish:

(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.

7. I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).
8. I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
 - my right to service of process;
 - my right to notice of such a hearing;
 - my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court. Yes No
12. The attorney who represents me regarding this consent is:
Any questions that I have about this consent were answered by my attorney.
 I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney.
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ at _____ (AM/PM) <i>Date and Time Signed</i>	_____ <i>Signature of Consenting Parent</i>			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Only sign this consent in the presence of a person authorized to take consents to TPR </div> <p><i>Location of Signing</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>Printed Name of Consenting Parent</i></p> <hr/> <div style="border: 1px solid black; padding: 2px;"> <p style="text-align: center;"><i>Mailing Address of Consenting Parent</i></p> <hr/> <p style="text-align: center;"><i>Street Address</i></p> <hr/> <p style="text-align: center;"><i>P.O. Box Number</i></p> <hr/> <table border="0" style="width: 100%; text-align: center;"> <tr> <td style="width: 60%;"><i>City</i></td> <td style="width: 15%;"><i>State</i></td> <td style="width: 25%;"><i>Zip Code</i></td> </tr> </table> <hr/> <p style="text-align: center;"><i>Date of Birth of Consenting Parent</i></p> </div>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>		

TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, _____, the mother father presumed father of
_____ who was born on _____, do state that I:
(Child's Name)

1. Believe that placement of my child for adoption by _____, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Only sign this consent in the presence of a person authorized to take consents to TPR

_____ *Consenting Party*

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 Del. C. § 1106(c) because I am
 A judge or commissioner of a court of record;
 An individual designated by a judge to take consents;
 An employee designated by an agency to take consents;
 A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
 A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
 An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party;
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party read/ was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
 Not a minor; **or**
 Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

_____ *Date*

_____ *Authorized Person
(printed name)*

_____ *Authorized Person
(signature)*

Agency: _____

Address: _____

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Check the county in which you are filing.

Anne C. Smith

Petitioner,

and

Michelle Jones

Respondent,

File No.: CK04-0221

Petition No.: 07-1553

You must file a separate form for each respondent

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE

Fill in the county in which you are filing

Kent

COUNTY

SS.

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this date, December 15, 2005, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, Michelle Jones, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the "Servicemembers Civil Relief Act" so acknowledges that he/she, or his/her attorney, will be required to time appear at all legal proceedings associated with the above captioned case.

The "Affiant" is the respondent. ONLY the Respondent may complete this form. If you are the Petitioner in this proceeding, you may not fill out this form

Sign in the presence of a notary or Court staff

Michelle Jones

Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, December 15, 2005

Signed by notary or Court Staff

Donna King

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For New Castle County Kent County Sussex County

MOTION FOR CONTINUANCE

Check the County in which you are filing.

Petitioner

Respondent

Name	Anne C Smith
Street Address (include Apt)	101 Oak Street
P.O. Box Number	
City/State/Zip Code	Dover, DE 19901
Date of Birth	2/3/64
Attorney Name	

Name	Michelle Jones
Street Address (include Apt)	123 State Street
P.O. Box Number	
City/State/Zip Code	Dover, DE 19901
Date of Birth	7/1/63
Attorney Name	

File Number	CK04-1211
Petition Number	04-200

Write the name and date of the petition filed

Write the file and petition number if known

A PROCEEDING involving Termination of Parental Rights having been filed in this on October 1, 2004, Movant hereby moves the Court for a Continuance and, in support thereof, alleges the following facts:

1. I cannot attend the Court Proceeding scheduled on April 1, 2005 at 1:00pm due to: The respondent is having surgery on that day.

Documentation must be attached.

Write the date and time of the scheduled Court Proceeding

2. I have contacted the opposing counsel or the opposing party if unrepresented and requested a continuance request and the following is his or her position: The petitioner agrees to reschedule the Court Proceeding.

You must indicate why you are requesting a continuance. Be sure to attach documentation.

3. This case has been scheduled for a hearing _____ times previously.

If you have a conflict with another case in this or any other Court, you need to attach a copy of that notice. Pursuant to Civil Rule 40, you must also provide the following information:

- i. the reasons why the conflict cannot be resolved;
- ii. the relative importance of the conflicting cases;
- iii. the relative inconvenience of the parties, witnesses, and other person if a continuance is granted;
- iv. the dates on which each court scheduled the case and whether the court which created the scheduling conflict was aware that a conflict was being created; and
- v. other information which will be helpful to the judicial officer in deciding which of the conflicting matters should take precedence.

Only sign in the presence of a Notary or Clerk of the Court

SWORN TO AND SUBSCRIBED before me this date,

March 3, 2005

Michelle Jones

Movant/Attorney

Donna King

Clerk of Court/ Notary Public

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date March 3, 2005, and sent to the other party or attorney at the address listed on the petition, being

101 Oak Street Dover, DE 19901

Only sign in the presence of a Notary or Clerk of the Court

_____ postage pre-paid.

SWORN TO AND SUBSCRIBED before me this date,

March 3, 2005

Michelle Jones

Movant/Attorney

Donna King

Clerk of Court/ Notary Public

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.

Petitioner

Respondent

Name	Anne C. Smith
Street Address	101 Oak Street
P.O. Box Number	Apt #123
City/State/Zip Code	Dover, DE 19901
Date of Birth	2/3/1964
Attorney Name	none

Name	Michelle Jones
Street Address	123 State Street
P.O. Box Number	
City/State/Zip Code	Dover, DE 1991
Date of Birth	11/12/1967
Attorney Name	none

File Number	CK04-1211
Petition Number	07-1553

Fill in the county where you are filing.

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE)

Kent COUNTY)

ss.

Fill in the date you have the form notarized.

BE IT REMEMBERED, that on this date, January 6, 2006, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, Anne C. Smith, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Petitioner in the above captioned civil action;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 3931 of the Servicemembers Civil Relief Act (50 U.S.C.A. § 3931).

Sign in the presence of a notary or court staff on the day of your hearing

Anne C. Smith

Affiant

SWORN TO AND SUBSCRIBED before me this date,

January 6, 2006

Signed by the notary or court staff

Donna King

Clerk of Court/Notary Public