

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

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

**Waiver of Notice and Consent**

I, \_\_\_\_\_, whose relationship to the person with an alleged disability is that of \_\_\_\_\_ (e.g. mother, brother), hereby waive my right to notice of the hearing and hereby consent to the appointment of \_\_\_\_\_ as guardian(s) of the (check all that apply)  person (to make his/her medical decision) and/or  property (to make his/her financial decisions) without further notice.

\_\_\_\_\_  
Interested Party's signature

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

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

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

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

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

\_\_\_\_\_  
Notary Public/Register in Chancery