**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**PETITION FOR PARENTAL VISITATION**

*Petitioner Respondent*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | D.O. B. |  | Name | D.O.B. |  | File Number |
|  |  |  |  |  |  |
| Street Address | |  | Street Address | |  |
|  | |  |  | |  |
| P.O. Box Number | |  | P.O. Box Number | |  | Petition Number |
|  | |  |  | |  |
| City/State/Zip Code | |  | City/State/Zip Code | |  |
|  | |  |  | |  |
| Attorney Name | |  | Attorney Name | |  |  |
|  | |  |  | |  |
| Interpreter needed?  Yes  No | |  | Interpreter needed?  Yes  No | |  |  |
| Language | |  | Language | |  |  |

IN THE INTEREST OF the following child(ren):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Name | Date of Birth |
|  |  |  |  |
| Name | Date of Birth | Name | Date of Birth |
|  |  |  |  |
| Name | Date of Birth | Name | Date of Birth |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The said child(ren) live with (Name): | |  | | | |
| Relationship to child(ren): |  | | | | |
|  | | |  |  |  |

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Petitioner alleges the following facts: (Please list in consecutively numbered paragraphs. Attach additional pages if needed.)

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|  |

Petitioner requests that Visitation be as follows: (Attach additional pages if needed.)

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|  |

WHEREFORE, Petitioner prays that a Summons issue to Respondent and that the Court grant the relief prayed for or such relief as may be just.

|  |  |  |
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| SWORN TO AND SUBSCRIBED before me this date, |  |  |
|  |  |
|  | Petitioner/Attorney |
|  |  |
| Notary Public/Clerk of Court |