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

**Application for Designation as Special Process Server**

**For All Cases Filed in Family Court**

**ALL APPLICATIONS REQUIRE A COPY OF A BUSINESS LICENSE**

**AND A CRIMINAL HISTORY FOR EACH INDIVIDUAL THAT WILL**

**PERFORM SERVICE OF PROCESS TO BE ATTACHED**

|  |  |  |
| --- | --- | --- |
| 1. | Name of Company, Business, or Individual: |  |

|  |  |  |
| --- | --- | --- |
| 2. | Address: |  |
|  | |  |
|  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3. | Phone: |  |  | Alternate Phone: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | Email: |  |  | 5. | Years in Business: |  |  |

|  |  |  |
| --- | --- | --- |
| 6. | Name of President or Managing Officer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 7. | Standard fee charged to clients for serving process: $ |  |  |

|  |  |
| --- | --- |
| 8. | Standard terms for service process (e.g., payment required only if process is served on |
|  | defendant, or specified number of attempts of service that will be made per fee): |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  | **Every individual who will perform service process must complete the certification on pages 2 and 3. The company/firm must complete the certification on page 4.** |

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

**INDIVIDUAL SERVICE OF PROCESS**

|  |  |
| --- | --- |
|  | Individual Who Will be Serving Process: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First Name: |  |  | Middle: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Last Name: |  |  | Suffix: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Address: |  |  | State: |  |  | ZIP Code: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Home Phone: |  |  | Cell Phone: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SSN: |  |  | Driver’s License Number: |  | State: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Birth Date: |  |  | Height: |  |  | Weight: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Hair Color: |  |  | Eye Color: |  |  |

|  |  |  |
| --- | --- | --- |
|  | Occupation: |  |

|  |  |  |
| --- | --- | --- |
|  | Company Name: |  |

|  |  |  |
| --- | --- | --- |
|  | Company Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Company Phone: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Time Employed: | Years: |  |  | Months: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you ever been convicted for anything other than a traffic violation? | Yes | No |

|  |  |
| --- | --- |
|  | If you answered “yes” to the above question, please explain below: |

|  |  |
| --- | --- |
|  |  |

**INDIVIDUAL CERTIFICATION**

**EACH INDIVIDUAL WHO WILL PERFORM SERVICE OF PROCESS**

**MUST COMPLETE THE FOLLOWING OATH OR AFFIRMATION**

|  |
| --- |
| I swear or affirm under oath that:   * I will perform personal service of Family Court documents in a businesslike manner in accordance with all applicable statutes, rules of procedure, and Family Court policies and procedures regarding personal service. **I acknowledge that a Divorce Petition must be served directly upon the named respondent.** * I acknowledge that I may **not** represent myself as an officer of the Court. * I will return personally “served” documents to the Family Court noted on the documents **no later than three (3) days following service except forthwith summonses and subpoenas, which must be returned immediately to the Court.** * I will return process documents bearing no scheduled hearing or trial date information to the Court **no later than twenty (20) days from pick up, whether served or non-est.** * I will return documents bearing a hearing date to the Family Court noted on the documents **at least four (4) business days prior to the hearing date, whether served or non-est.** * I will accurately, completely, and legibly provide to the Court the requisite information on each document relative to service, as specified by the Court. * I will indemnify and hold harmless the State of Delaware and all its agencies from and against any and all claims for injury, loss of life, or damage to or loss of use of property caused by or alleged to be caused by my acts or omissions and which arise out of my performance or failure to perform as specified above. * I am 18 years of age or older. * I acknowledge that payments related to the serving of process or subpoenas in cases filed in the Family Court will come from private parties. Neither the State of Delaware nor Family Court is responsible for payments or for other any matters related to these services in any capacity. * I will not serve process or a subpoena in a case in which I am a party or in which I am or my spouse is related to any of the parties in the case or has a financial interest or involvement in the case. * I declare under penalty of perjury that the foregoing is true and correct. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | Date |  | Printed Name of Special Process Server Applicant |  | Signature of Special Process Server Applicant |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sworn to and subscribed before me this |  | day of |  | , |  | . |

|  |
| --- |
|  |
| Notary Public |

***\*NOTE\*:*** *Service of process may be returned to Family Court by filing the original documents directly with the Court or by scanning the documents to one of the following email boxes:* FC\_NCC\_SPS@delaware.gov, FC\_KC\_SPS@delaware.gov, FC\_SC\_SPS@delaware.gov

**CERTIFICATION OF COMPANY/FIRM**

**MUST BE COMPLETED FOR THE REGISTRATION OF A DESIGNATED MEMBER OF THE ORGANIZATION TO BE AUTHORIZED AS A SPECIAL PROCESS SERVER FOR FAMILY COURT**

I swear or affirm under oath that:

* The information provided is true and accurate to the best of my knowledge.
* It is the responsibility of the company/firm to ensure that all persons who provide service of process for the company/firm comply with the Court’s requirements as outlined.
* The company/firm will indemnify and hold harmless the State of Delaware and all its agencies from and against any and all claims for injury, loss of life, or damage to or loss of use of property caused or alleged to be caused by acts or omissions of its contractors or employees and which arise out of the contractors’ or employees’ performance or failure to perform as specified.
* I declare under penalty of perjury that the foregoing is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Print Name |  | Signature |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Date |  | Name of Company/Firm |  | Business License Number |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sworn to and subscribed before me this |  | day of |  | , |  | . |

|  |
| --- |
|  |
| Notary Public |