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

In and For [ ]  New Castle County [ ]  Kent County [ ]  Sussex County

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| **NOTICE OF SPECIAL PROCESS SERVER** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| File Number: |       |  | Petition Number: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Petitioner Name:** |       |  | **Respondent Name:** |       |
|  |  |  |  |  |
| Date of Birth: |       | (mm/dd/yyyy) |  | Date of Birth: |       | (mm/dd/yyyy) |
|  |  |  |  |  |
| Street Address: |       |  | Street Address: |       |
|  |  |  |  |  |
| P.O. Box Number: |       |  | P.O. Box Number: |       |
|  |  |  |  |  |
| City/State/Zip Code: |       |  | City/State/Zip Code: |       |
|  |  |  |  |  |
| Attorney Name: |       |  | Attorney Name: |       |
|  |  |  |  |  |
| Interpreter Needed? | [ ]  Yes [ ]  No |  | Interpreter Needed? | [ ]  Yes [ ]  No |
|  |  |  |  |  |
| Language: |       |  | Language: |       |

|  |  |  |
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| A PROCEEDING involving |       | having been filed heretofore |
|  |
| in this Court, Petitioner hereby notifies the Court that they will be using a Family Court Approved Special  |
|  |
| Process Server. The Petitioner requests that Family Court withhold or withdraw service on the above- |
|  |
| named Respondent. \* |
|  |
| \*Note - A separate notice is needed for each respondent that you will be serving through a Family Court  |
|  |
| Approved Special Process Server. |
|  |
| When the service packet is ready, please: |  |
| [ ]  Email me the service packet at: |       |  |
| Or | Email Address |  |
| [ ]  Call me at:  |       | to pick up at the courthouse. |
|  | Phone Number |  |
|  |

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