A picture containing text, ceramic ware, porcelain

Description automatically generated**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**GUARDIANSHIP AFFIDAVIT OF CONSENT OF A CHILD’S PARENT**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | |
| **Petitioner** | | |  | **Respondent** | | |
|  | | |  |  | | |
| Name: |  |  |  | Name: |  |  |
|  |  |  |  |  |  |  |
| Street Address: |  |  |  | Street Address: |  |  |
|  |  |  |  |  |  |  |
| Apartment: |  |  |  | Apartment: |  |  |
|  |  |  |  |  |  |  |
| P.O. Box Number: |  |  |  | P.O. Box Number: |  |  |
|  |  |  |  |  |  |  |
| City/State/Zip Code: |  |  |  | City/State/Zip Code: |  |  |
|  |  |  |  |  |  |  |
| Date of Birth: |  |  |  | Date of Birth: |  |  |
|  |  |  |  |  |  |  |

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|  | | |  |  | | |
| **2nd Petitioner (if any)** | | |  | **2nd Respondent (if any)** | | |
|  | | |  |  | | |
| Name: |  |  |  | Name: |  |  |
|  |  |  |  |  |  |  |
| Street Address: |  |  |  | Street Address: |  |  |
|  |  |  |  |  |  |  |
| Apartment: |  |  |  | Apartment: |  |  |
|  |  |  |  |  |  |  |
| P.O. Box Number: |  |  |  | P.O. Box Number: |  |  |
|  |  |  |  |  |  |  |
| City/State/Zip Code: |  |  |  | City/State/Zip Code: |  |  |
|  |  |  |  |  |  |  |
| Date of Birth: |  |  |  | Date of Birth: |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
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| BE IT REMEMBERED, that | | | |  | | , (“Affiant”), on this date | | |
|  | | | | | | | | |
|  | | , being duly sworn by me according to the law, personally appeared before me, a | | | | | | |
|  | | | | | | | | |
| Notary Public for the State and County declared above, did depose and say: | | | | | | | | |
|  | | | | | | | | |
| * **Please initial by each statement.** | | | | | | | | |
|  | | | | | | | | |
|  |  | I am the Respondent in the above captioned matter involving my child: | | | | | | |
|  |  |  | | | | | | |
|  |  |  |  | |  | |  |  |
|  |  |  | Child’s Full Name: | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  | Child’s Date of Birth: | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  | | | | | | |
|  |  | I hereby agree that the above referenced Petitioner(s) shall become the | | | | | | |
|  |  |  | | | | | | |
|  |  | guardian(s) of this child. As guardian, the Petitioner(s) shall protect, manage, | | | | | | |
|  |  |  | | | | | | |
|  |  | and care for this child. | | | | | | |
|  |  |  | | | | | | |
|  |  | I agree that the guardianship is necessary for the reason(s) listed on the petition. | | | | | | |
|  |  |  | | | | | | |
|  |  | I understand that by agreeing to the reason(s) for the guardianship if I later seek | | | | | | |
|  |  |  | | | | | | |
|  |  | to rescind (end) the guardianship, I will be required to show that the guardianship | | | | | | |
|  |  |  | | | | | | |
|  |  | is no longer needed for that reason(s). | | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  | I understand that I shall have the primary responsibility to support this child |
|  |  |  |
|  |  | financially and that this child will have the right to inherit from me and I will have |
|  |  |  |
|  |  | the right to inherit from the child. |
|  |  |  |
|  |  | I understand that my visitation and contact with the child shall be that which is set |
|  |  |  |
|  |  | forth in a Court Order or a Consent Order entered into by all parties to this matter. |
|  |  |  |
|  |  | I understand that the Court may appoint counsel to indigent respondents in |
|  |  |  |
|  |  | guardianship cases. I freely and voluntarily waive my right to counsel. |
|  |  |  |
|  |  | I understand that by signing this document and authorizing its filing, I am entering |
|  |  |  |
|  |  | an appearance and agreeing to waive service of process of the petition for |
|  |  |  |
|  |  | guardianship. |

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