The Family Court of the State of Delaware

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

**REQUEST FOR REVIEW OF A COMMISSIONER’S ORDER**

## Petitioner v. Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Name |  | File Number |
|       |  |       |  |  |
| Street Address |  | Street Address |  |       |
|       |  |       |  |  |
| Apt. or P.O. Box Number |  | Apt. or P.O. Box Number |  | Petition Number |
|       |  |       |  |  |
| City State Zip Code |  | City State Zip Code |  |       |
|                |  |                |  |  |
| Attorney Name and Phone Number |  | Attorney Name and Phone Number |  |
|             |  |             |  |

(If party seeking the Review of a Commissioner’s Order is the Original Petitioner in a **PROTECTION FROM ABUSE** action, please **DO NOT DISCLOSE YOUR ADDRESS** above, as a copy of this request must be mailed to the Respondent.)

1. I am the original [ ] Petitioner [ ] Respondent in this action.

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1. Nature of Proceedings:

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|        | , Petitioner herein, appeals the Order Entered by |
|       | Commissioner and dated  |       |

1. Objections to the Commissioner’s Order (*Please set forth specific objections to the Commissioner’s Order, and describe in detail the basis for each objection*):

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1. I hereby request that a transcript of the proceedings before the Commissioner be prepared

[ ]  I certify that I will pay all costs associated with the preparation of the transcript.

[ ]  I certify that I have completed and attached an Affidavit toProceed In Forma Pauperis and Motion to Waive Transcript Fees

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Date |  | Petitioner/Petitioner’s Attorney |

**VERIFICATION**

**STATE OF DELAWARE )**

 **) ss.:**

**COUNTY OF**        **)**

     **, being duly sworn, says:**

 **I**      **, affirm that a true and correct copy of this Request for Review of a Commissioner’s Order was placed in the U.S. mail on the**       **day of**      **,**       **and sent to the last known address of the party or attorney, being**      **, first class postage prepaid.**

      \_

 **Movant/Attorney/Court Staff**

**Subscribed and sworn before me on this date,**

**Date Clerk of Court/Notary Public**

**NOTE: IN PROTECTION FROM ABUSE CASES ONLY, THE AFFIDAVIT OF MAILING ONLY APPLIES WHEN THE REQUEST FOR REVIEW OF COMMISSIONER'S ORDER IS BEING FILED BY THE ORIGINAL PETITIONER. IF THE REQUEST FOR REVIEW OF COMMISSIONER'S ORDER IS BEING FILED BY THE ORIGINAL RESPONDENT IN THIS ACTION, A TRUE AND CORRECT COPY OF THE MOTION WILL BE SENT TO THE ORIGINAL PETITIONER BY COURT STAFF.**