

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery  
Kent County  
38 The Green, Ste. 208  
Dover, DE 19901  
302-735-1930

Register in Chancery  
New Castle County  
500 N. King Street, Ste. 11600  
Wilmington, DE 19801  
302-255-0544

Register in Chancery  
Sussex County  
34 The Circle  
Georgetown, DE 19947  
302-856-5775

### **Procedures for filing a Petition to Increase Monthly Allotment**

- The petition to increase monthly allotment requires the following:
  - A completed petition. The court clerk cannot complete the petition for you.
  - A copy of the guardianship bank statement(s) dated within the thirty days prior to filing the petition.
  - Supporting documentation. Provide any receipts, bills, or invoices to show why the monthly allotment needs to be increased.
  - The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to “Register in Chancery”).
  
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
  
- It is the petitioner’s responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery’s office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
  
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: \_\_\_\_\_ :  
: C.M. #: \_\_\_\_\_  
A person with a disability :

**Petition to Increase Monthly Allotment**

1. Name of guardian(s): \_\_\_\_\_

2. Date guardian(s) was/were appointed: \_\_\_\_\_

3. Information about the guardianship bank account(s):

a. Name of bank(s) where guardianship account(s) is/are:

\_\_\_\_\_  
\_\_\_\_\_

b. Current net balance of all assets owned by the person with a disability:

\_\_\_\_\_

4. The guardian(s) was/were granted permission to withdraw

\$\_\_\_\_\_ [current monthly allotment amount] per month from the

guardianship account at \_\_\_\_\_ Bank on

\_\_\_\_\_ [date of order].

5. The monthly expenses of the person with a disability have increased beyond  
the amount previously authorized due to \_\_\_\_\_  
\_\_\_\_\_

6. I/We respectfully request the Court to authorize the monthly allotment be increased to \$\_\_\_\_\_ from the guardianship account at \_\_\_\_\_ [Name of bank where the money will be withdrawn from], account number ending in \_\_\_\_\_ [last four digits of the account number].

Guardian	Co-Guardian (if applicable)
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Guardian's Printed Name)	_____ (Co-Guardian's Printed Name)
_____ (Guardian's Signature)	_____ (Co-Guardian's Signature)
_____ (Guardian's Address)	_____ (Co-Guardian's Address)
_____ (Guardian's Address)	_____ (Co-Guardian's Address)
_____ (Guardian's Phone Number)	_____ (Co-Guardian's Phone Number)

**INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF  
PETITION TO INCREASE MONTHLY ALLOTMENT**

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with your petition (a separate affidavit is required for each individual).

**Option 1 – Consent**

Any interested party may sign a copy of the attached “Consent” form.

**Option 2 – Send Notice**

If any interested party does not sign the consent form, you must send them a copy of the attached “Notice of Petition”. You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the Court will consider the petition. This ensures that all interested parties have adequate time to contact the Court with any questions they may have or file any objection to the petition.

**To be filed with the Court**

You must file the following documents with the Court before the petition will be reviewed by a Judicial Officer:

- a. Any and all consent forms,
- b. The attached “Certificate of Mailing” (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the matter of: \_\_\_\_\_ :  
: C.M. #: \_\_\_\_\_  
A person with a disability :

**CONSENT**

I, \_\_\_\_\_, whose relationship to the person with a disability is that of \_\_\_\_\_ (e.g. mother, brother), hereby consent to the petition to increase monthly allotment.

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Other: \_\_\_\_\_

If I/We subsequently locate the missing interested party, I/We will notify the Court of his/her address.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Co-Petitioner

STATE OF \_\_\_\_\_ :

COUNTY OF \_\_\_\_\_:

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [Name of affiant].

\_\_\_\_\_  
Notary Public/Chancery Court Clerk

*Pursuant to Court of Chancery Rule 178B, the use of an Unsworn Declaration (see below) is permitted rather than the notary requirement.*

Petitioner

Co-Petitioner (if applicable)

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Petitioner's Printed Name)	_____ (Co-Petitioner's Printed Name)
_____ (Petitioner's Signature)	_____ (Co-Petitioner's Signature)





**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

IN THE MATTER OF: \_\_\_\_\_ :  
 :  
 : C.M. # \_\_\_\_\_  
A person with a disability :

**CERTIFICATE OF MAILING**

The guardian(s) mailed on this date, \_\_\_\_\_ a “Notice of  
Petition” to the following interested parties:

<b>Name</b>	<b>Address</b>

**Guardian**

**Co- Guardian (if applicable)**

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Executed on the _____ day of _____ (month) _____ (year).	Executed on the _____ day of _____ (month) _____ (year).
_____ (Guardian’s Printed Name)	_____ (Co-Guardian’s Printed Name)
_____ (Guardian’s Signature)	_____ (Co-Guardian’s Signature)