

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 Initiate Monthly Allotment

- The petition to initiate 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 a monthly allotment is necessary.
 - 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 Initiate Monthly Allotment

1. Name of guardian(s): _____

2. Date guardian 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:

3. I/We have found that the person with a disability has ongoing monthly expenses
in the amount of \$ _____ for _____

_____.

4. I/We respectfully request the Court to authorize a monthly allotment of
 \$_____ from the guardianship account at _____

[Name of bank where money will be withdrawn from], account number ending in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 INITIATE 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 initiate 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: _____

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

**AFFIDAVIT OF EFFORTS TO LOCATE
ADDRESS OF INTERESTED PARTY**

I/We, _____, petitioner(s) in the above matter, hereby confirm that I/We have been unable, after exercising reasonable diligence, to locate an address for interested party, _____ [Name of interested party or missing person], in order to provide that interested party with notice of the filing of the petition.

My/Our last contact with _____ [Name of interested party or missing person] was on or around _____ [month/year] and to the best of my/our knowledge, the last contact he/she had with the person with a disability was on or around _____ [month/year].

My/Our efforts have included the following [please check all that apply]:

- performing an internet search for the address of the interested party;
- asking other interested parties if they know of the missing person's

current whereabouts;

- messaging the missing person through electronic means;

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

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 St., Ste. 11600
Wilmington, DE 19801
302-255-0544

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

IN THE MATTER OF: :
: C.M. # _____
:
 _____,
 A person with a disability :

NOTICE OF PETITION TO INITIATE MONTHLY ALLOTMENT

Dear Interested Parties:

This is a notice that I am/we are filing a petition to initiate a monthly allotment of \$_____ which is the amount which can be withdrawn each month from the guardianship account. Notice is being sent to you as an interested party.

If you object to the petition, you must immediately file a written objection with the Register in Chancery's Office that has been marked above. If you do not file a written objection within **thirteen (13) days** of the date of this notice, any objections will be deemed waived.

Petitioner's Signature _____
Co-Petitioner's Signature

Dated: _____

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:

| Name | Address |
|-------------|----------------|
| | |
| | |
| | |

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) |