

## 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  
302-856-5777

### **Procedures for filing a Petition to Expend for a Person with a Disability**

- The petition to expend 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 (30) days prior to filing the petition.
  - Supporting documentation. Provide any receipts, invoices and other documentation that detail the expenses for which you are petitioning.
  - The filing fee for the petition is \$35.00. We accept cash, check or money order (made payable to “Register in Chancery”).
- The petitioner is 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 petition, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.
- 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.
- As part of the order, the guardian will be responsible to file all receipts within twenty days with the Register in Chancery. If the guardian fails to file the proper receipts, all future petitions may be denied. If approved, the order to expend will require the bank to issue a check made payable directly to the company.

# IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:

\_\_\_\_\_  
A person with a disability

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C.M. #: \_\_\_\_\_

## **Petition to Expend**

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. Information about the money being requested:
  - a. Total amount requested: \$\_\_\_\_\_
  - b. The money will be used for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_
  - c. The money will be withdrawn 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].

5. I/We understand if the order to expend is approved, I/we will be responsible for filing all receipts within twenty days of the court order.

Signature section for guardian	Signature section for any co-guardian
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.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

## **Instructions for Notifying Interested Parties of Petition to Expend**

It is the petitioner's responsibility to notify the interested parties 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:

\_\_\_\_\_  
A person with a disability

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C.M. #: \_\_\_\_\_

**Consent of Interested Party to Petition to Expend**

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

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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In the matter of:

\_\_\_\_\_,  
A person with a disability

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C.M. #: \_\_\_\_\_

**Notice of Petition to Expend**

Dear Interested Parties:

This is a notice that I am/we are filing a petition to expend \$ \_\_\_\_\_  
from the guardianship account of the person with a disability for the following  
reason(s): \_\_\_\_\_.

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:

\_\_\_\_\_,  
A person with a disability

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C.M. #: \_\_\_\_\_

### **Certificate of Mailing to Petition to Expend**

The guardian(s) mailed the “Notice of Petition to Expend” on

\_\_\_\_\_ [date] to the following interested parties:

Name of Interested Parties	Address of Interested Parties

Signature section for guardian	Signature section for any co-guardian
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.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____

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

In the matter of:

\_\_\_\_\_, :  
: C.M. #: \_\_\_\_\_

**Affidavit of Efforts to Locate Address of Interested Party**

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

2. Name of interested party whose address cannot be located:

\_\_\_\_\_  
3. To the best of my/our knowledge, the last contact the interested party had

a. With me/us was on or around \_\_\_\_\_ [month/year] and

b. With the person this petition is being filed for was on or around

\_\_\_\_\_ [month/year].

c. Any additional information you would like to provide regarding the last

contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. 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 individuals for the interested party's contact information;

☐ messaging the interested party through electronic means;

☐ Other: \_\_\_\_\_



5. I/We have been unable, after exercising reasonable diligence, to locate an address for the interested party to provide them with notice of the petition. I/We will notify the Court if an address is later obtained.

*Pursuant to Court of Chancery Rule 178B, the notary requirement is waived.*

Signature section for petitioner	Signature section for any co-petitioner
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.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____