

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
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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 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(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.
- As part of the order, the guardian(s) will be responsible to file all receipts within twenty days with the Register in Chancery. If the guardian(s) fail(s) 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: _____ :
: C.M. #: _____
A person with a disability :

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.

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 EXPEND**

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 expend.

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:

Name	Address

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)