

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 Reinvest for a Person with a Disability

- The petition to reinvest 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.
 - 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 for filing a proof of compliance within thirty (30) days. There will be a \$2.00 per page fee to pay for the proof of compliance to be scanned.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

Petition to Reinvest

1. Name of guardian(s): _____
2. Date guardian(s) was/were appointed: _____
3. Information about the current bank account:
 - a. The guardian(s) opened a guardianship _____ [type of account, i.e. checking, savings] account at _____ Bank.
 - b. The guardianship order permits monthly expenditures up to \$_____ [monthly allotment amount per court order] out of the guardianship account(s).
4. I/We request the Court to authorize
 - a. The transfer of \$_____ [how much money will be transferred]
 - b. From the guardianship _____ [type of account, i.e. checking, savings] account at _____ Bank with the account number ending in _____ [last four numbers of the account the money will be transferred from]

c. To a guardianship _____ [type of account
money will be moved into, i.e. checking, savings] account at
_____ Bank [name of the bank where the
money will be moved to].

5. I/We understand proof of the reinvestment will need to be filed with the
Register in Chancery's Office within thirty days of the date 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 Reinvest

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

:
:
:
:
:

C.M. #: _____

Consent of Interested Party to Petition to Reinvest

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

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

Date: _____

Print Name: _____

Signature: _____

Address: _____

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
302-856-5777

In the matter of:

_____,
A person with a disability

:
:
:
:
:

C.M. #: _____

Notice of Petition to Reinvest

Dear Interested Parties:

This is a notice that I am/we are filing a petition to reinvest funds from the person with a disability from _____ Bank to _____ Bank. 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

:
:
:
:
:

C.M. #: _____

Certificate of Mailing to Petition to Reinvest

The guardian(s) mailed the “Notice of Petition to Reinvest” 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: _____