**The Family Court of the State of Delaware**

In and For [ ]  New Castle [ ]  Kent [ ]  Sussex County

**ACKNOWLEDGEMENT AND GUIDELINES FOR A SUPPORT PERSON**

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| --- | --- | --- |
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|  | ) |  |
|       | ) | File No.: |       |
|  Petitioner, | ) |  |
| v. | ) |  |
|  | ) | Petition No.: |       |
|       | ) |  |
|  Respondent | ) |  |

**Support Person Please Complete the Following:**

Your Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Party Requesting Your Presence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My presence as a support person in a private Family Court proceeding is being requested by a party to the case. I understand that the function of a support person is to provide moral and emotional support for a person who is involved in a Family Court case. I understand that as a support person I must be at least 18 years of age and may not act as an advocate or be disruptive during the proceeding. I do not believe that either party anticipates calling me as a witness.

I understand that the Court has discretion to remove a support person from the courtroom due to security reasons, courtroom decorum (including if the support person is prompting or attempting to influence the litigant) or when the Court otherwise believes that removal is in the interest of justice. I understand that I may hear sensitive information during the proceeding and I agree to keep all information confidential.

My signature indicates an understanding of my role as a support person and that I accept and acknowledge the above guidelines.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_