

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## PETITION FOR GUARDIANSHIP OF A MINOR

*Petitioner*

*2<sup>nd</sup> Petitioner (if any)*

Name <span style="float: right;">D.O.B.</span>	Name <span style="float: right;">D.O.B.</span>	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City <span style="float: right;">State    Zip Code</span>	City <span style="float: right;">State    Zip Code</span>	
Home Phone Number <span style="float: right;">Work Phone Number</span>	Home Phone Number <span style="float: right;">Work Phone Number</span>	
Relation to Child(ren)	Relation to Child(ren)	
Name	Name	
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	
City <span style="float: right;">State    Zip Code</span>	City <span style="float: right;">State    Zip Code</span>	

*Respondent*

*2<sup>nd</sup> Respondent (if any)*

Name <span style="float: right;">D.O.B.</span>	Name <span style="float: right;">D.O.B.</span>
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City <span style="float: right;">State    Zip Code</span>	City <span style="float: right;">State    Zip Code</span>
Home Phone Number <span style="float: right;">Work Phone Number</span>	Home Phone Number <span style="float: right;">Work Phone Number</span>
Relation to Children	Relation to Children
Name	Name
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box Number
City <span style="float: right;">State    Zip Code</span>	City <span style="float: right;">State    Zip Code</span>

*Guardian Ad Litem (if any)*

*Attorney for Guardian Ad Litem (if any)*

Name			Name		
Street Address			Street Address		
Apt. or P.O. Box Number			Apt. or P.O. Box Number		
City	State	Zip Code	City	State	Zip Code
Home Phone Number	Work Phone Number		Home Phone Number	Work Phone Number	

**IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for whom guardianship is sought. Attach additional sheets if necessary.)**

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check one)
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth	Social Security Number
MOTHER	_____	_____	_____	_____
FATHER	_____	_____	_____	_____

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ I have attached to this Petition the following affidavits:

**Affidavit that a Party's Address is Unknown**

3. Name(s) of the person(s) or organization **holding parental rights** of the child(ren):

\_\_\_\_\_

Address of person(s) or organization:

4. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren):

Address of person(s) or organization if address is different from address of Petitioner(s):

5. Name(s) of the person(s) **to whom guardianship** shall be vested if this Petition is granted \_\_\_\_\_

Address of person(s) or organization  
if address is different from address of  
Petitioner(s):


6. Proposed guardian(s)' relationship to child(ren) if proposed guardian is **NOT** the Petitioner: \_\_\_\_\_

7. Please check all that apply:

The following child(ren) is/are not yet 14 years of age or older:  
OR

The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition  
(Attach Affidavit of Consent executed by each child(ren) who consents) Name(s) of  
child(ren) 14 years of age or older who consent(s):

The child(ren) is/are 14 years of age or older does/do NOT consent to (agree with) this  
Petition. Name(s) of child(ren) 14 years of age or older who do NOT consent:

8. I am filing this petition because: (Check ALL that apply)

- The child(ren)'s parent(s) agree that I/we should become the guardian(s) of the child(ren)  
(Attach an Affidavit of Consent executed by the parent(s) who agree).
- The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)
- The child(ren) is/are dependant and/or neglected based on the following reason(s):

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**WHEREFORE**, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren).

_____	_____	_____	_____
Petitioner	Date	2 <sup>nd</sup> Petitioner (if any)	Date

Sworn to subscribed before me:

Sworn to subscribed before me:

_____	_____	_____	_____
Mediator/Notary Public	Date	Mediator/Notary Public	Date