## The Family Court of the State of Delaware In and For New Castle Kent Sussex County

## PETITION FOR STANDBY GUARDIANSHIP OF A MINOR

Petitioner			2 <sup>nd</sup> Petitioner (if a	any)		
Name		D.O.B.	Name		D.O.B.	File Number
Street Address			Street Address			
Apt. or P.O. Box Number			Apt. or P.O. Box Number	r		Petition Number
City	State	Zip Code	City	State	Zip Code	
Home Phone Number	Work Pho	one Number	Home Phone Number	Work Pho	one Number	
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	r		
City	State	Zip Code	City	State	Zip Code	
Respondent			2 <sup>nd</sup> Respondent (	(if any)		_
Name		D.O.B.	Name		D.O.B.	
Street Address			Street Address			
Apt. or P.O. Box Number			Apt. or P.O. Box Number	r		
City	State	Zip Code	City	State	Zip Code	
Home Phone Number	Wor	k Phone Number	Home Phone Number	Work Pho	one Number	
Relation to Children			Relation to Children			
Name			Name			
Street Address			Street Address			
Apt. or P.O. Box Number			Apt. or P.O. Box Number	r		
City	State	Zip Code	City	State	Zip Code	-

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 whom Standby Guardianship is sought.  Child's Name Ch			each child for  Child's Gender (Check one)  Male Female  Male Female  Male Female			
Complete the table below regarding NAME     MOTHER	Address  ress of the child(rer	n)'s mother and/or father,	of Birth			
➤ I have attached to this Petition the following affidavits:						
Affidavit that a Party's	Address is Unknow	wn				
3. Name(s) of the person(s) or organia	zation <b>holding pare</b>	ntal rights of the child(ren)	):			
Address of person(s) or organization	on:					
<ol> <li>Name(s) of the person(s) or organ the child(ren):</li> </ol>	nization having the	-	trol or custody of			
Address of person(s) or organizatif address is different from address Petitioner(s):						

5.	Name(s) of the person(s) to whom standby 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 <b>NOT</b> 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)				
	<ul> <li>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).</li> <li>The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)</li> <li>The child(ren) is/are dependent and/or neglected based on the following reason(s):</li> </ul>				
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	☐ It is in the child(ren)'s best interest to appoint the above referenced standby guardian because:				
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The proposed standby guardia	iii s quaiiicatioi	is to serve are as rollows.	
10. The triggering event(s) that sha	all cause the au	uthority of the standby guardian to become ef	fective are
11. There is a significant risk that t		odian or guardian will die, become incapacita filing of this petition.	ated or
☐ I have attached sup <u>Del.C.</u> §2362.	porting docum	entation from the attending physician as defir	ned by 13
12. Name(s) of the person(s) to version named in this Petition is		guardianship shall be vested as an alter ve:	nate if the
Address of above reference person(s):	erenced		_
13. The qualifications of the above	referenced alt	ernate stand-by guardian are as follows:	
VHEREFORE, Petitioner(s) seek appoir amed minor child(ren).	ntment of	as Standby Guardian(s) of	the above
Petitioner	 Date	2 <sup>nd</sup> Petitioner (if any)	Da
orn to subscribed before me:		Sworn to subscribed before me:	
Mediator/Notary Public	 Date	Mediator/Notary Public	Dat