



# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## PETITION FOR GUARDIANSHIP OF A MINOR

### *Petitioner*

### *Respondent*

Name	Name	File Number
D.O.B.	D.O.B.	
Street Address	Street Address	Petition Number
P.O. Box Number	P.O. Box Number	
City/State/Zip Code	City/State/Zip Code	
Phone Number	Phone Number	
Attorney Name	Attorney Name	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	

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

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

Name	Name
D.O.B.	D.O.B.
Street Address	Street Address
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Phone Number	Phone Number
Attorney Name	Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language

**Guardian Ad Litem (if any)**

Name
Law Firm
Office Address
City/State/Zip Code
Phone Number

**Does this matter relate to a federal immigration case?**     YES     NO

**IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants guardianship. 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

**Petitioner's relationship to the child(ren)** (select one relationship from choices below)

- brother or sister     grandparent or great-grandparent     aunt or uncle     first cousin  
 grandaunt or granduncle     half-brother or half-sister     non relative  
 other relative:    If you have checked other relative, please also check one of the following.

- |  |  |
|--|--|
| <input type="checkbox"/> step grandparent            | <input type="checkbox"/> stepparent                |
| <input type="checkbox"/> great uncle or great aunt   | <input type="checkbox"/> step uncle or step aunt   |
| <input type="checkbox"/> stepbrother or stepsister   | <input type="checkbox"/> first cousin once removed |
| <input type="checkbox"/> other please explain: _____ |  |

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

	NAME	Address	Date of Birth
<b>MOTHER</b>	_____	_____	_____
<b>FATHER</b>	_____	_____	_____

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, neglected and/or abused based on the following reason(s):

---



---



---



---



---

**NOTICE – This request for guardianship, if filed by a non-relative or a relative whose relationship is not captured in the definition of “relative” found in 10 Del. C. § 901, is subject to an assessment conducted by the Department of Services for Children, Youth and Their Families, as required by 31 Del. C. § 351.**

**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:

\_\_\_\_\_  
Clerk of Court/Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of Court/Notary Public

\_\_\_\_\_  
Date