

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR STANDBY GUARDIANSHIP OF A MINOR

Petitioner

2nd Petitioner (if 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		
City	State	Zip Code		
Home Phone Number	Work Phone Number	Relation to Child(ren)		
Name		Name		
Street Address		Street Address		
Apt. or P.O. Box Number		Apt. or P.O. Box Number		
City	State	Zip Code		
Home Phone Number		Work Phone Number		Petition Number

Respondent

2nd 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	
City	State	Zip Code	
Home Phone Number	Work Phone Number	Relation to Children	
Name		Name	
Street Address		Street Address	
Apt. or P.O. Box Number		Apt. or P.O. Box Number	
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 CHILD(REN): (Complete the table below for each child for whom Standby 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
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 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 **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):

It is in the child(ren)'s best interest to appoint the above referenced standby guardian
because:
