Form 499 (Rev. 12/10)

The Family Court of the State of Delaware

	_	Castle	t 🔝 Sussex Cou	nty
	ANSWE	(V)).	<u> </u>	
Petitioner Name D.O		Respondent Name	D.O.B	
				File Number
Street Address		Street Address		
P.O. Box Number		P.O. Box Number		
				Petition Number
City/State/Zip Code		City/State/Zip Code		
Attorney Name		Attorney Name		
If a hearing is scheduled in this matter, will Response	ondent need a	n interpreter?	If yes, specify language)
2 nd Respondent (if any)		3 rd Respondent ((if any)	
	D.B.	Name	D.O.E	3.
Street Address		Street Address		
P.O. Box Number		P.O. Box Number		
01. (0.). (7). 0. 1		0'' 10' + 17' 0 1		
City/State/Zip Code		City/State/Zip Code		
Attorney Name		Attorney Name		
If a hearing is scheduled in this matter, will Response	andont nood o	un interpreter?	If you appoint language) □ No
The respondent hereby and follows: SWORN TO AND SUBSCRIBE me this date:		e numbered p	aragraphs in tl	ne pleading as
			Responde	ent/Attorney
Notary Public/Clerk of C A copy of this answer must b Respondents. See reverse side	e sent to			-

each person a copy must be sent to.)

Form 499 (Rev. 12/10)

AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date,				
and sent to the Detitioner, Detitioner's Attorney, Respondent,				
Respondent's Attorney address listed on the petition being				
first class postage pre-paid.				
nist class postage pre-paid.				
Respondent/Attorney				
SWORN TO AND SUBSCRIBED before me on this date,				
Notary Public /Clerk of Court				

Form 499 (Rev. 12/10)

AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was pla	ced in the U.S. mail on this date,				
and sent to the Petitioner, Petitioner's Attorney, Respondent,					
	orney address listed on the petition being				
first class postage pre-paid.					
	Respondent/Attorney				
	Respondent/Attorney				
OMODNITO AND OUDGODIDED Later was a discussion.					
SWORN TO AND SUBSCRIBED before me on this date,	·				
	Notary Public /Clerk of Court				

AFFIDAVIT OF MAILING I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date, and sent to the Petitioner, Petitioner's Attorney, Respondent, Respondent's Attorney address listed on the petition being first class postage pre-paid. Respondent/Attorney SWORN TO AND SUBSCRIBED before me on this date, _______.

Notary Public /Clerk of Court