

**IMPORTANT INFORMATION REGARDING THE FILING**  
**OF A MOTION FOR APPOINTMENT OF AN**  
**ALTERNATIVE DISPUTE RESOLUTION**  
**PRACTITIONER**

**Presenting this motion before the Court requires the completion and filing of three separate documents.**

**The Motion for Appointment of an Alternative Dispute Resolution Practitioner must be filed along with the Notice of Motion and Form of Order documents.**

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## MOTION FOR APPOINTMENT OF AN ALTERNATIVE DISPUTE RESOLUTION PRACTITIONER

*Movant*

*v. Respondent*

Name	Name	File Number
D.O.B.	D.O.B.	
Street Address	Street Address	Petition Number
Apt. or P.O. Box Number	Apt. or P.O. Box Number	
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

A PROCEEDING involving \_\_\_\_\_ having been filed heretofore in this Court,  
The Parties request that the Court appoint an Alternative Dispute Resolution Practitioner In support of this  
request, the Parties allege the following:

1. The parties have not been able to agree upon the selection of an Alternative Dispute Resolution Practitioner within the 30 days allotted by the Scheduling Order.
2. The parties understand that the Court may impose sanctions upon a party or both parties if it determines that the parties have not attempted to agree upon an ADR Practitioner in good faith.
3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Movant/Attorney

Sworn to subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date \_\_\_\_\_, and sent to the other party or attorney at the address listed on the petition, being \_\_\_\_\_, first class postage prepaid.

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

_____ ,	)	File No.:	_____
Movant	)		
v.	)	Petition No.:	_____
	)		
_____ ,	)		
Respondent	)		

## NOTICE OF MOTION

TO:

PLEASE TAKE NOTICE that the attached Motion for Alternative Dispute Resolution is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

Dated:

_____ Movant/Attorney		
Name and address of Movant/Attorney		
Street Address		
Apt. or P.O. Box Number		
City	State	Zip Code

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## ORDER FOR ALTERNATE DISPUTE RESOLUTION

_____ ,	)	
Movant	)	File No.: _____
v.	)	
	)	Petition No.: _____
_____ ,	)	
Respondent	)	

Having considered the request of the movant, \_\_\_\_\_,

**IT IS SO ORDERED**, this date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Commissioner