## The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

## PETITION TO MODIFY VISITATION

Petitioner		Respondent		
Name	D.O.B	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 Petitioner need an interpreter? Yes (If yes, specify language a hearing is cheduled in this natter, will lespondent need an interpreter? Yes (If es, specify language	<u>)</u> No <u>)</u> No		•	

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

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

Name	D.O.B	Name	D.O.B.
Street Address		Street Address	
P.O. Box Number		P.O. Box Number	
City/State/Zip Code		City/State/Zip Code	
Attorney Name		Attorney Name	

Form 351 (Rev. 05/10) If hearing is scheduled in this mater, will Petitioner need an interpreter? Yes (If yes, specify language If hearing is scheduled in this mater, will Respondent need an interpreter? Yes (If yes, specify language Date of Birth IN THE INTEREST OF the following child(ren): Name Name Date of Birth Date of Birth Name The said child(ren) live with (Name): Relationship to child(ren): (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) Petitioner requests the Court enter an order modifying a prior visitation order of this Court issued by , dated (Judicial Officer) circumstances. (Please list in consecutively numbered paragraphs): Petitioner requests that Visitation be as follows: WHEREFORE, Petitioner prays that a Summons issue to Respondent and that the Court grant relief prayed for or such other relief as may be just. SWORN TO AND SUBSCRIBED before me this date.

Clerk of Court/Notary Public

Petitioner/Attorney

Form 351 (Rev. 05/10)