Form 499 (Rev. 12/10)

## The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

Petitioner		v. 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	 e			
a hearing is scheduled in th	is matter, will Respondent nee	ed an Nन्सामक reter? Yes (If ye	es, specify language		
Name	, ,				
		<del></del>			
Street Address		Street Address	Street Address		
P.O. Box Number		P.O. Box Number	P.O. Box Number		
City/State/Zip Code		City/State/Zip Code	Zity/State/Zip Code		
Attorney Name	Attorney Name				
follows: SWORN TO AND S	hereby answers	·	aragraphs in the ple	ading as	
me this date:			Respondent/Atto	rnev	
A copy of this ans	reverse side for Af  must be sent to.)	•	the Petitioner's attorne (Use a separate affida	ey and any other	
I affirm that a true a		•	ced in the U.S. mail on	·	
			oner's Attorney, Respo y address listed on the		
	Re	spondent's Attorne	y address listed on the	pennon being	
first class postage	ore-paid.				
			Respondent/Atto	rnev	

first class postage pre-paid.

SWORN TO AND SUBSCRIBED before me on this date,			
	Notary Public /Clerk of Court		
	Notary I ubile / Cierk of Court		
AFFIDAVIT OF MAILING			
I affirm that a true and correct copy of this Answer was pla			
and sent to the Petitioner, Pe			
Respondent's Attorne	ey address listed on the petition being		

Respondent/Attorney

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 ser	t to the Petitioner, Petitioner's Attorney, Respondent,
	Respondent's Attorney address listed on the petition being

first class postage pre-paid.	
	Respondent/Attorney

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SWORN TO AND SUBSCRIBED before me on this date,		
	Notary Public /Clerk of Court	