Form 850 (Rev. 3/07)

Name

Petitioner

The Family Court of the State of Delaware In and For New Castle Kent Sussex County

File Number

Respondent

et Address	Street Address	Street Address			
or P.O. Box Number	Apt. or P.O. Box Number		Petition Number		
	State Zip Code City	State Zip Code	-		
e of Birth	Date of Birth		Type of Filing		
ney Name and Phone Number	ttorney Name and Phone	e Number			
	AFFIDAVIT OF N	MAILING			
A proceeding invoceding invoced court, I, the:	olving the above-captioned case	having been previously file	ed in this		
(Check ONE)	Petitioner/Movant	Attorney for Petitioner/Movant			
	Respondent/Movant	Attorney for Responde	nt/Movant		
affirm that a true	and correct copy of this: (Check	ONE and complete as app	ropriate.)		
Answer to Petiti	on 16(C) Financial Repo	ort			
Motion or	Response to Motion	Motion			
Othor		(Type of Modelly			
Other:	(Other type of document ma	iled to opposing party/attorney)			
was placed in the	e U.S. Mail on this date,	, and sent first class			
postage pre-paid	to the: (Check ONE and comp	lete as appropriate.)			
	Opposing party at the addres	s listed above			
	Attorney for opposing party a	t the address listed below			
SWORN TO AND	SUBSCRIBED before				
41 1 4					
		Party/Movant/	Attorney		
Notary Public	or Clerk of Court				