



The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

PETITION FOR STANDBY GUARDIANSHIP OF A MINOR

Petitioner

Respondent

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	
Phone Number		Phone Number	
Relation to Child(ren)		Relation to Child(ren)	
Attorney Name		Attorney Name	

File Number
Petition Number

If a hearing is scheduled in this matter, will Petitioner need an interpreter? Yes (If yes, specify language _____) No
 If a hearing is scheduled in this matter, will Respondent need an interpreter? Yes (If yes, specify language _____) No

2nd Petitioner (if any)

2nd 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	
Phone Number		Phone Number	
Relation to Child(ren)		Relation to Child(ren)	
Attorney Name		Attorney Name	

If a hearing is scheduled in this matter, will Petitioner need an interpreter? Yes (If yes, specify language _____) No
 If a hearing is scheduled in this matter, will Respondent need an interpreter? Yes (If yes, specify language _____) No

Guardian Ad Litem (if any)

Name	
Street Address	
P.O. Box Number	
City/State/Zip Code	
Home Phone Number	Work Phone Number
Attorney Name	

If a hearing is scheduled in this matter, will Guardian Ad Litem need an interpreter? Yes (If yes, specify language _____) No

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for whom Standby Guardianship is sought. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check one)
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Complete the table below regarding the child(ren)'s parents (individuals holding parental rights):

	NAME	Address	Date of Birth
MOTHER	_____	_____	_____
FATHER	_____	_____	_____

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

➤ I have attached to this Petition the following affidavits:

Affidavit that a Party's Address is Unknown

3. Name(s) of the person(s) or organization **holding parental rights** of the child(ren):

Address of person(s) or organization:

4. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren):

Address of person(s) or organization if address is different from address of Petitioner(s):

5. Name(s) of the person(s) **to whom standby guardianship** shall be vested if this Petition is granted

Address of person(s) or organization if address is different from address of Petitioner(s):

6. Proposed guardian(s)' relationship to child(ren) if proposed guardian is **NOT** the Petitioner:

7. Please check all that apply:

The following child(ren) is/are not yet 14 years of age or older:

OR

The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition
(Attach Affidavit of Consent executed by each child(ren) who consents) Name(s) of
child(ren) 14 years of age or older who consent(s):

The child(ren) is/are 14 years of age or older does/do NOT consent to (agree with) this
Petition. Name(s) of child(ren) 14 years of age or older who do NOT consent:

8. I am filing this petition because: (Check ALL that apply)

The child(ren)'s parent(s) agree that I/we should become the guardian(s) of the child(ren)
(Attach an Affidavit of Consent executed by the parent(s) who agree).

The child(ren)'s parent(s) are deceased. (Attach a certified copy of the death certificate)

The child(ren) is/are dependant and/or neglected based on the following reason(s):

It is in the child(ren)'s best interest to appoint the above referenced standby guardian
because:

9. The proposed standby guardian's qualifications to serve are as follows:

10. The triggering event(s) that shall cause the authority of the standby guardian to become effective are
as follows:

11. There is a significant risk that the parent, custodian or guardian will die, become incapacitated or
become debilitated within two (2) years of the filing of this petition.

I have attached supporting documentation from the attending physician as defined by 13
Del.C. §2362.

12. Name(s) of the person(s) **to whom standby guardianship** shall be vested as an **alternate** if the person named in this Petition is unable to serve:

Address of above referenced person(s):

13. The qualifications of the above referenced alternate stand-by guardian are as follows:

WHEREFORE, Petitioner(s) seek appointment of _____ as Standby Guardian(s) of the above named minor child(ren).

_____	_____	_____	_____
Petitioner	Date	2 nd Petitioner (if any)	Date

Sworn to subscribed before me:

Sworn to subscribed before me:

_____	_____	_____	_____
Clerk of Court/Notary Public	Date	Clerk of Court/Notary Public	Date