The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

**AFFIDAVIT THAT A PARTY’S ADDRESS IS UNKNOWN**

|  |  |
| --- | --- |
| Petitioner | Respondent |
| Name: | Name: |

|  |
| --- |
| File Number |
|  |
| Petition Number |
|  |

|  |  |  |
| --- | --- | --- |
| State of Delaware | | ) |
|  | | ) |
|  | County | ) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | BE IT REMEMBERED, that on this | |  | day of | |  | | | , |  | | , personally |
| appeared before me, a Notary Public for the State and County aforesaid, | | | | | | |  | | | | | |
| (“Affiant”), who, being by me duly sworn according to law did depose and say: | | | | | | | | | | | | |
| 1. | My name is |  | | | | | | | | | | |
| 2. | I do not know the current address and/or telephone number, nor do I know anyone who could provide me | | | | | | | | | | | |
|  | with the current address and/or telephone number of | | | |  | | | | | | . I have | |
|  | contacted his/her: | | | | | | | | | | | |
|  | (Please check as appropriate)  Parent  Spouse  Employer  Other: | | | | | | |  | | | | |
| 3. | His/Her last known address and telephone number were: | | | | | | | | | | | |

|  |
| --- |
| Street Address (including Apt) |
|  |
| P.O. Box Number |
|  |
| City/State/Zip Code |
|  |
| Phone Number | Information as of: (date) |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | I have had no contact with him/her since |  | . |
| 5. | I have been informed of my responsibility to accomplish publication, unless the Court has approved my application to proceed In Forma Pauperis, and my failure to do so will result in the petition being dismissed after 30 days. | | |
| 6. | The information contained herein is true and correct to the best of my knowledge and belief. | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Affiant | | | | | | |
| Sworn to subscribed before me this |  | | day of | |  | , |  | |  | |
|  | | | | | | | | | | |
|  | | Clerk of Court/ Notary Public | | | | |  | Date | |  |