

**STATE OF DELAWARE
GOVERNMENT SUPPORT SERVICES**

**Classified Advertising
CONTRACT# GSS17199-CLASSIFIED_AD**

**APPENDIX C
BOILER PLATE ADVERTISEMENT EXAMPLES**

Remainder of this page intentionally left blank

NOTICE OF CUSTODY

TO: **Insert Name Here**

FROM: Clerk of Court

Insert County

Inserted Name has brought suit against you for Custody in the Family Court of the State of Delaware for **INSERT** County in Petition No: **XX-XXXXXX, XXXX**. If you do not serve a response to the petition to the court and to the Petitioner's Attorney or the petitioner if not represented at the following address:

Insert Name

Insert Address

City, State, Zip Code

within 20 days after publication of this notice exclusive to the date of publication, as required by statute, this action will be heard without further notice at Family Court.

NOTICE OF DIVORCE ACTION

TO: **Insert Name Here**

FROM: Clerk of Court – Divorce/**Insert** County

Inserted Name, Petitioner has brought suit against you for divorce in the Family Court of the State of Delaware for **INSERT** County in Petition No: **XX-XXXXXX, XXXX**. If you do not serve a response to the petition to the court and to the Petitioner’s Attorney or the petitioner if not represented at the following address:

Insert Name

Insert Address

City, State, Zip Code

within 20 days after publication of this notice, exclusive to the date of publication, as required by statute, this action will be heard without further notice at Family Court.

NOTICE OF GUARDIANSHIP

TO: **Insert Name Here**

FROM: Clerk of Court

Insert County

Inserted Name Petitioner has filed a petition for GUARDIANSHIP (**XX-XXXX**) against you in the Family Court of the State of Delaware for **INSERT** County on **XX/XX/XXXX**.

If you do not file an answer with the Family Court within 20 days after publication of this notice, exclusive to the date of publication, as required by statute, this action will be heard without further notice at Family Court.

NOTICE OF GUARDIANSHIP ACTION

TO: **Insert Name Here**
FROM: Confidential Clerk – At Risk, Family Court

Inserted Name Petitioners has brought a civil action (**XX-XXXXX**) against you to obtain permanent guardianship of your children:

- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

If you do not file an answer with the Court and send a copy of the Petitioner’s Attorney (or the petitioner if unrepresented) at the following address.

Insert Name
Insert Address
City, State, Zip Code

within 20 days after publication of this notice, exclusive to the date of publication, as required by statute, this action will be heard without further notice at Family Court.

Date: **XX/XX/XXXX**

IF YOU WISH TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER BUT CANNOT AFFORD ONE, YOU MAY BE ENTITLED TO HAVE THE COURT APPOINT AN ATTORNEY TO REPRESENT YOU FOR FREE. FOR MORE INFORMATION, PLEASE CONTACT THE CONFIDENTIAL CLERK AT FAMILY COURT, 302-XXX-XXXX****

NOTICE OF HEARING IN A GUARDIANSHIP ACTION

TO: **Insert Name Here**
FROM: Confidential Clerk – At Risk, Family Court

Inserted Name Petitioner has brought a civil action **(XX-XXXXX)** against you to obtain guardianship of your children:

- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

A hearing has been scheduled at the Family Court **Insert Address** on **Insert Date** at **XX:XX Xm**

If you do not appear at the hearing, the Court may grant guardianship to the Petitioner(s) without your appearance.

IF YOU WISH TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER BUT CANNOT AFFORD ONE, YOU MAY BE ENTITLED TO HAVE THE COURT APPOINT AN ATTORNEY TO REPRESENT YOU FOR FREE. FOR MORE INFORMATION, PLEASE CONTACT THE CONFIDENTIAL CLERK AT FAMILY COURT, 302-XXX-XXXX****

NOTICE OF PERMANENT GUARDIANSHIP ACTION

TO: **Insert Name Here**
FROM: Confidential Clerk, Family Court

Inserted Name Petitioner has brought a civil action **(XX-XXXXX)** against you to obtain permanent guardianship of your children.

- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**
- Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

A hearing has been scheduled at the Family Court **Insert Address** on **Insert Date** at **XX:XX Xm**

If you do not appear at the hearing, the Court may grant guardianship to the Petitioner(s) without your appearance.

IF YOU WISH TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER BUT CANNOT AFFORD ONE, YOU MAY BE ENTITLED TO HAVE THE COURT APPOINT AN ATTORNEY TO REPRESENT YOU FOR FREE. FOR MORE INFORMATION, PLEASE CONTACT THE CONFIDENTIAL CLERK AT FAMILY COURT, 302-**XXX-XXXX**

FAMILY COURT FOR THE STATE OF DELAWARE

NOTICE OF FAMILY COURT PROTECTION FROM ABUSE ACTION

TO: **Insert Name Here**, Respondent

Petitioner, **Inserted Name** has filed a petition for an Order of Protection From Abuse against you in the Family Court of the State of Delaware for **INSERT** County. Case No: **XX-XXXXX, XXXX**.

A court hearing has been scheduled for **Insert Date** at **XX:XX Xm**. The Family Court is located at **Insert Address**. If you fail to appear, the hearing may proceed without you.

There is an Ex-Parte Order in effect.

If you wish to obtain the information on this filing prior to the hearing, please respond to the Family Court location noted above.

NOTICE OF TERMINATION OF PARENTAL RIGHTS ACTION

TO: **Insert Name Here**

FROM: Confidential Clerk, Family Court

Inserted Name Petitioner has brought a civil action **(XX-XXXXXX)** against you to terminate your parental rights of your children.

Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

Minor **Male/Female** DOB: **XX/XX/XXXX** Minor **Male/Female** DOB: **XX/XX/XXXX**

A hearing has been scheduled at the Family Court **Insert Address** on **Insert Date** at **XX:XX Xm**

If you do not appear at the hearing, the Court may grant guardianship to the Petitioner(s) without your appearance.

IF YOU WISH TO BE REPRESENTED BY AN ATTORNEY IN THIS MATTER BUT CANNOT AFFORD ONE, YOU MAY BE ENTITLED TO HAVE THE COURT APPOINT AN ATTORNEY TO REPRESENT YOU FOR FREE. FOR MORE INFORMATION, PLEASE CONTACT THE CONFIDENTIAL CLERK AT FAMILY COURT, 302-XXX-XXXX

ADVERTISEMENT FOR BIDS

Sealed bids will be received on behalf of **Department**, (herein called the “Owner”) at the **location**, Delaware no later than **DATE AT TIME EST.** Bids will then be publicly opened and read immediately thereafter for the following:

CONTRACT/PROJECT NAME

CONTRACT/PROJECT NUMBER

Contract/Project Duration

A paragraph to describe what is needed for project/contract.

Specifications, including the Bid Forms, may be obtained **information about where solicitation information is available**

A paragraph to about pre-bid meeting date, time, and location.

Department reserves the right to extend the time and place of the bid opening on not less than two (2) calendar days’ notice by electronic means to those who have obtained copies of the plans and specifications.

Department reserves the right to waive irregularities and reject any or all bids.

NO scale wage rates are applicable on this project.

Employment Advertisement with Logo/Seal (this line is not printed)



(Logo/Seal of Department)

Department of

Division of

Department

Job Title

\$XX,XXX to \$XX,XXX

The Department of Department Name, Division of Division Name, has a number of openings for the job title and department.

A brief paragraph about the job description.

These positions require experience or education needed.

The State of Delaware offers a competitive benefits package, including 15 paid vacation days a year.

To apply for this position, please visit our website at www.delawarestatejobs.com and apply online to Job title and Job posting number

AA/EEO

Employment Advertisement without Logo/Seal (this line is not printed)

State of Delaware **Department Name Department**

Division of **Division Name**

We are recruiting for a **job title** position for the division of **Division Name** in **City**,
DE **Apply online at www.delawarestatejobs.com/**

A brief paragraph about the salary range and job description.

**Please see job posting at link above for application and job requirements. Note:
you must complete the official state application to be considered for this position.**

We offer competitive benefits: · 37.5 hour work week · medical, dental & life insurance
· 12 paid holidays · 15 vacation & sick leave days · pre-tax spending accounts ·
employee participating Deferred Compensation plan · pension, etc.

To learn more about the comprehensive benefit package please visit the website at
<http://ben.omb.delaware.gov/programs/index.shtml>

Direct deposit of paychecks will be required as a condition of employment for all new
employees.

The State of Delaware is an AA/EEO Employer



STATE OF DELAWARE

PUBLIC NOTICE AND NOTICE OF PUBLIC HEARINGS

DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

TITLE

In accordance with the public notice requirements of 42 CFR 441.301(6)(B)(iii), 42 CFR 441.710(3)(iii), and Title 29, Chapter 101 of the Delaware Code, Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) gives notice related to (enter related info here).

Purpose

The purpose of this posting is to provide public notice and receive public input for consideration regarding Delaware Medicaid's (enter related info here).

Overview

(Background information is included here. Typically a paragraph of 10 -15 sentences.)

Publication specific information is included in this section with the associated title in bold here

The Department of Health and Social Services (DHSS) is (enter related info here).

This section can be a paragraph to a page long and usually includes websites.

Public Hearings

DHSS/DMMA will provide the following opportunities to the public to provide input on the proposed (HCBS) Settings Transition Plan Updates in person. Three (3) public hearings are scheduled. The detailed information for each public hearing is shown below.

1. **NEW CASTLE COUNTY**

Date

Time

Location

Address

Any specific instructions

2. **Sussex County**

Date

Time

Location

Address

Any specific instructions

3. **KENT COUNTY**

Date

Time

Location

Address

Any specific instructions

The State will take verbal and written comments at the public hearings. The input provided will be summarized and used to formulate Delaware's final statewide transition plan that will be submitted to CMS.

If you require special assistance or auxiliary aids and/or services to participate in the public hearing (e.g., sign language or wheelchair accessibility), please call the following contact at least ten (10) days prior to the hearing for arrangements: Arlene Baal at (302) 255-9561

The prompt submission of requests helps to ensure the availability of qualified individuals and appropriate accommodations in advance.

Public Comment Submission Process

As required by 42 CFR Part 441.301, DHSS/DMMA must provide, at a minimum, a thirty-day public notice and comment period. Per Del. Code, Title 29, Ch. 101 §10118 (a), the public comment period will be extended to 15 days after the final public hearing. The public is invited to review and comment on the State's proposed Transition Plan Updates. Comments must be received by (modified for each publication). Comments and input regarding the (enter related info here) may be submitted in the following ways:

By email: email address

By fax: fax number

By written comments sent to:

Title of publication

Division of Medicaid and Medical Assistance

Planning, Policy & Quality Unit

1901 North DuPont Highway

P.O. Box 906

New Castle, Delaware 19720-0906

Please identify in the subject line: **title of publication**

The summary of comments, in addition to a summary of modifications made in response to the public comments, will be added to the Delaware's (related info here). The state will post on the **DMMA website** a summary of public comments and our responses and, the (related info here) with any modifications after the receipt of public comments.

Paste Steve's electronic signature here.

Stephen M. Groff

Director

Division of Medicaid and Medical Assistance

Date

Date

End of Lottery Sales Announcement

Public Announcement

Announced End of Sales

The Delaware State Lottery announces the “End of Sales” for the following Instant Scratch Games effective **Date Entered**:

Game number and names are listed

Prizes from these games may be claimed for a period of one year from the date of the Announced End of Sales **Date Entered**.