

Instructions for Petition for Termination of Guardianship and Discharge of Guardian Because Guardianship No Longer Needed

IMPORTANT! READ BEFORE USING THESE FORMS AND INSTRUCTIONS

ND Legal Self Help Center staff and court employees can't help you fill out forms.

If you're unsure how to proceed, or need legal advice or legal representation, consult a lawyer licensed to practice in North Dakota.

To protect your rights, carefully read this information and any instructions to which you are referred.

When you represent yourself, you're expected to know and follow the law, including:

- State or federal laws that apply to your case;
- Case law, also called court opinions, that applies to your case; and
- Court rules that apply to your case, which may include:
 - North Dakota Rules of Civil Procedure;
 - North Dakota Rules of Court;
 - North Dakota Rules of Evidence;
 - North Dakota Administrative Rules and Orders; and
 - Any local court rules.

Links to the state laws, case law, and court rules can be found at ndcourts.gov.

When you represent yourself, you're held to the same requirements and responsibilities as a lawyer, even if you don't understand the rules or procedures. If you're unsure if these forms and instructions suit your circumstances, consult a lawyer.

- If you'd like to learn more about finding a lawyer to represent you, go to ndcourts.gov/legal-self-help/finding-a-lawyer.

A glossary with definitions of legal terms is available at ndcourts.gov/legal-self-help.

These instructions and forms aren't a complete statement of the law. They cover the basic procedure for asking a North Dakota state district court to end the guardianship and discharge the guardian because the ward no longer needs a guardian. There's no guarantee that all judges and courts will accept forms available through the ND Legal Self Help Center. The Center isn't responsible for any consequences that may result from the forms or information provided.

Use at your own risk.

Don't include these instructions when you serve or file the completed forms.

Purpose

These forms may be used by a Guardian to ask the North Dakota State District Court to end the guardianship and discharge the Guardian because the Ward no longer needs a guardianship.

[North Dakota Century Code Section 30.1-28-07](#) relates to terminating a guardianship for an adult when the ward no longer needs a guardian.

If you're a Guardian representing yourself, you complete and sign the forms. If you're unsure how to proceed or unsure if these forms are suitable for your situation, consult an attorney.

Forms

The forms in the Petition for Termination of Guardianship and Discharge of Guardian include:

- Notice of Petition for Termination of Guardianship and Discharging Guardian/Co-Guardians;
- Petition for Termination of Guardianship and Discharging Guardian/Co-Guardians;
- Affidavit of Serve by Mail;
- Affidavit of Service by Hand Delivery; and
- (Proposed) Order Confirming Termination of Guardianship and Discharging of Guardian/Co-Guardians.

Notice of Petition for Termination of Guardianship and Discharge Guardian/Co-Guardians

- **Top of Form (Caption)**
 - Enter the county and judicial district court names of the guardianship case.
 - Fill in legal name of the ward.
 - Enter the case number from your Letters of Guardianship.
- **Paragraphs 1-2:**
 - Read the paragraphs carefully. You aren't required to fill in any information.
- **Date and Signature**
 - Date and sign the form.
 - If the court appointed a co-guardian, the co-guardian signs the form, too.

Petition for Termination of Guardianship and Discharging Guardian/Co-Guardians

- **Top of Form (Caption)**
 - Enter the county and judicial district court names of the guardianship case.
 - Fill in legal name of the ward.
 - Enter the case number from your Letters of Guardianship.
 - Fill in your name as Guardian.
 - If the court appointed a co-guardian, fill in the co-guardian's name, too.
 - Fill in your address, city, state, zip code, and phone number(s).

 - **Paragraphs 1-4:**
 - Read the paragraphs carefully. Fill in any required information.

 - **Paragraphs 5-9:**
 - This is the financial accounting.
 - Fill in the reporting period date. If you filed an annual report, you may start the financial accounting period with the end date of your most recent annual report.

 - **Paragraphs 10-11:**
 - Read the paragraphs carefully.

 - **Paragraph 12:**
 - Fill in the state, county, and country where the petition is signed.
 - Sign the petition.
 - Date the petition.
 - Print your name, address, telephone number, and phone number.
- IMPORTANT!** If the court appointed a co-guardian, the co-guardian signs the form, too.

Affidavit of Service by Mail and Affidavit of Service by Hand Delivery

The person who served the documents fills out and signs the affidavit.

You must provide copies of the completed and signed Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians to the following:

- The Ward’s attorney, if any;
- The Ward’s parent or parents, if any; and
- Any other person listed in the court’s guardianship order as an interested person.

Copies may be mailed by first class, postage prepaid, **or** hand-delivered.

After providing copies to the people listed above, fill out the Affidavit of Service by Mail and/or Affidavit of Service by Hand Delivery.

- **Top of Form (Caption)**
 - Enter the county and judicial district court names of the guardianship case.
 - Fill in legal name of the ward.
 - Enter the case number from your Letters of Guardianship.
 - Fill in your name as Guardian. If a co-guardian was appointed by the court, fill in the co-guardian’s name, too.
- **The person who served the documents completes the form**
- **Date and Signature:**
 - Fill in the state, county, and country where the affidavit is signed.
 - Date the affidavit.
 - Print your name, address, telephone number, and phone number.

(This space left intentionally blank.)

(Proposed) Order Confirming Termination of Guardianship and Discharging Guardian/Co-Guardians

This is your proposed order for the court to sign.

- **Top of Form (Caption)**
 - Enter the county and judicial district court names of the guardianship case.
 - Fill in legal name of the ward.
 - Enter the case number from your Letters of Guardianship.
 - Fill in your name as Guardian. If a co-guardian was appointed by the court, fill in the co-guardian's name, too.

- **Leave the rest of the form blank.**

File the Original, Completed Forms with the Clerk of Court of the Guardianship Case

File the following original, completed forms with the clerk of court of the North Dakota State District Court of the guardianship case.

- Notice of Petition for Termination of Guardianship and Discharging Guardian/Co-Guardians;
- Petition for Termination of Guardianship and Discharging Guardian/Co-Guardians;
- Affidavit(s) of Service by Mail/Affidavit(s) of Service by Hand Delivery;
- (Proposed) Order Confirming Termination of Guardianship and Discharging Guardian/Co-Guardians.

You may be required to pay a filing fee of \$30.00. Contact the Clerk of Court for the amount, if any.

After the Original, Completed Forms are Filed

You'll be notified if a hearing on your request is scheduled, or if the court requires you to do something before the court will make a decision.

Don't include these instructions when you serve or file the completed forms.

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN INCAPACITATED INDIVIDUAL

Case No. _____

**NOTICE OF PETITION FOR TERMINATION OF GUARDIANSHIP
AND DISCHARGE GUARDIAN/CO-GUARDIANS**

1. The attached Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians is brought in accordance with North Dakota Century Code Chapter 30.1-28 and Rule 3.2 of the North Dakota Rules of Court. Upon service of this petition, any interested person has fourteen (14) days within which to serve and file a response or objection to the Court granting the attached petition.

2. Upon expiration of the time for filing a response or objection, the petition is deemed submitted to the court, unless a party or interested person timely requests a hearing. A request for hearing must not be made later than seven (7) days after expiration of the time for filing a response or objection. The party or interested person requesting oral argument shall secure a time for the hearing and shall serve notice of the time for hearing upon all other parties and interested persons.

Dated this _____ day of _____, 20_____.

(Signature of Guardian)

(Printed Name of Guardian)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email: _____

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN INCAPACITATED INDIVIDUAL

Case No. _____

**PETITION FOR TERMINATION OF GUARDIANSHIP AND DISCHARGE OF
GUARDIAN/CO-GUARDIANS**

Name of guardian/co-guardians:

Address:

City:

State:

Zip:

Phone:

1. I/We was/were appointed guardian/co-guardians by Order of this Court dated

_____, _____.

2. I/we have performed all duties and responsibilities required by this Court's Order of Appointment.

3. I/we seeks/seek discharge from the obligations as guardian/co-guardians because the above-named ward is no longer in need of a guardian for the following reasons (*explain in detail*):

(Paragraph 3, continued.)

Additional pages are attached for Paragraph 3 (*choose if applicable, otherwise leave blank*).

4. Following is a complete account of the financial matters I/we have handled for the ward or in connection with the guardianship since the date of my/our last guardian's report.

FINANCIAL ACCOUNTING

Report for the period from ____/____/____ to ____/____/____

5. **Ward's beginning checking account(s) balance:** \$ _____

Income and deposits:

Wages/salary \$ _____

Social Security \$ _____

Pensions/annuities \$ _____

Investments \$ _____

Other, please describe:

_____ \$ _____

_____ \$ _____

Add total of all deposits \$ _____

Expenses and withdrawals:

Rent/mortgage \$ _____

Utilities \$ _____

Groceries/food \$ _____

Phone \$ _____

Cable TV/internet \$ _____

Medical \$ _____

Personal needs \$ _____

Guardian/conservator fees \$ _____

Legal/professional fees \$ _____

Other, please describe:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtract total of all expenses/withdrawals \$ _____

Ward's ending checking account(s) balance: \$ _____

6. **Current asset listing** (attach additional pages as needed):

Asset Description	Date Acquired if New	Value or Balance

7. **Assets disposed of since last report:** include the name of the person or company that received the asset, and the reasons for the disposal in the comments (attach additional pages as needed).

Asset Description and reason for disposal	Date of Disposal	Amount Received

8. **Mortgages, loans, creditors, other debt** (attach additional pages as needed):

Description	Value or Balance	Location

9. **Comments** on financial well-being and transactions. Include the reasons why assets were disposed of, or why new assets were received, and explain new debt. Summarize the financial decision-making assistance you have provided to the ward (*attach additional pages as needed*):

10. Petitioner/Petitioners requests an Order of this Court terminating the guardianship and discharging the guardian/co-guardians.

11. Petitioner/Petitioners will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this ward's estate as the court directs.

12. I/we declare, under penalty of perjury under the law of North Dakota, that everything I/we stated in this Petition is true and correct.

STATE OF _____)
COUNTY OF _____) ss.
COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

(Signature of Guardian)

(Printed Name of Guardian)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email: _____

(Use for co-petitioner. If no co-petitioner, leave blank)

STATE OF _____)
COUNTY OF _____) ss.
COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

(Signature of Co-Guardian)

(Printed Name of Co-Guardian)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email Address: _____

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

_____,
AN INCAPACITATED INDIVIDUAL

Case No. _____

AFFIDAVIT OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is _____ *(person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served:** *(Checkmark (✓) the box of each item served. If you have additional documents, checkmark the box and list the document).*

Notice of Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians

Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by Certified Mail (OR) First-Class mail *(choose one)*, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

_____ (city), _____ County, _____ (state).

5. **Person or Persons Served by Mail:**

1. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
2. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
3. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
4. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Mail is true and correct.

STATE OF _____)
COUNTY OF _____) ss
COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email: _____

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN INCAPACITATED INDIVIDUAL

Case No. _____

AFFIDAVIT OF SERVICE BY HAND DELIVERY

(A separate affidavit is required for each person served.)

The person serving court documents by hand delivery states:

1. My name is: _____ *(person who hand delivered documents).*

2. I am at least 18 years of age. I am **not a party or interested in the above named civil matter.**

3. **List of Court Documents Served (List of Court Documents Served (checkmark (✓) the box of each item served. If you have additional documents, checkmark the box and list the document):**

Notice of Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians

Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians

4. **Date, Time, and Address of Service by Hand Delivery:**

Date: _____ Time: _____ a.m. (or) p.m.

Address:

(street address) (city) (zip code)

5. **Service by Hand Delivery:**

As required by Rule 5(b)(3) of the North Dakota Rules of Civil Procedure, I served a true and correct copy of each of the court documents listed in Paragraph 3 to _____
_____ (*name of person served*) at the date, time and address listed in Paragraph 4 by handing the court documents directly to them. I know the person I served is the person intended to be served because (*explain how you identified the person*): _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Hand Delivery is true and correct.

STATE OF _____)
COUNTY OF _____) ss.
COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email: _____