

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT _____

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN ALLEGED INCAPACITATED INDIVIDUAL**

Case No. _____

LETTERS OF EMERGENCY GUARDIANSHIP

Name of incapacitated individual:

Age:

Address:

I/We accept the duties of Emergency Guardian/Co-Guardians of the alleged incapacitated individual and will perform, according to law, the duties of Emergency Guardian/Co-Guardian.

Dated this ___ day of _____, 20__.

TO:

**Name(s) of Guardian/
Co-Guardians:**

Address:

Address:

Date of Appointment:

After a hearing in the District Court on the above date, this/these guardian/co-guardians was/were appointed to be the emergency guardian/co-guardians of the incapacitated individual.

The emergency guardian/co-guardians shall have the degree of authority indicated below to make decisions for the incapacitated individual in the following areas:

Full	Limited	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment

If co-guardians, add this language:

The signature of one co-guardian [] is [] is not sufficient to authorize any matter.

This emergency guardianship shall terminate 90 days from the date of this Order, or upon further Order of the Court.

BY THE COURT

Judge of the District Court