

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
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:

Phone:

Address:

City

State

Zip

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:
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

Ward's beginning financial balance: _____

Income & Expense Report

From _____ **to** _____

Income

Wages/Salary \$ _____

Social Security _____

Pensions/Annuities	_____
Rental	_____
Investment Interest	_____
Dividend Income	_____
Other (please list)	_____
_____	\$ _____
_____	_____
Total Other Income	_____
Total Income	\$ _____
Expenses	
Rent/ Home Payment	\$ _____
Utilities	_____
Telephone	_____
Cable TV	_____
Medical	_____
Personal Needs	_____
GuardianFees	_____
Other (please list)	_____
_____	\$ _____
_____	_____
_____	_____
Total Other Expenses	_____
Total Expenses	\$ _____
Net Income (Loss)	\$ _____

Ward's ending financial balance: _____

Description and Value of Ward Assets Existing on Date of Appointment

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

Report of Assets Sold, Acquired, or Converted

Date	Description of Assets Sold, Acquired, Converted	Sale Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
Remaining Balance (if any)		\$ _____

Disposition of any remaining balance:

If additional space is required for descriptions or detailed listings, please attach this information on separate sheets of paper.

The undersigned certifies that a true and correct copy of this Petition was on the following date mailed, by first class mail, postage prepared, or hand delivered to:

___ ward's attorney (if any):

___ parent of ward (if any):

___ the following interested person(s) designated by the court order and other persons interested in this guardianship:

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

