

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT _____

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

Case No. _____

LETTERS OF GUARDIANSHIP

Name of ward:

Address:

I/We accept the duties of guardian/co-guardians of the ward and will perform these duties according to law.

Dated this _____ day of _____, 20__.

Guardian

To:

Name of guardian/co-guardians:

Address:

Telephone:

Date of Appointment:

In district court on the above date, this/these guardian/co-guardians was/were appointed to be the guardian/co-guardians of the indicated ward.

The guardian/co-guardians shall have the degree of authority indicated below to make decisions for the ward 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 the guardian's/co-guardians' authority as specified above is limited, the limitations are as follows:

If co-guardians/ add this language:

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

These Letters take effect immediately and expire _____.

BY THE COURT:

Judge of the District Court