

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT _____

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

Case No. _____

PETITION FOR APPOINTMENT OF A GUARDIAN

Name of Proposed Ward:

AGE:

Address:

PETITION

Name of Petitioner(s):

Address:

Corporate or agency status:

Relationship to Proposed Ward:

The Petitioner(s) state(s) to the Court as follows:

1. The information listed above pertaining to the named ward is accurate.
2. The proposed ward is in need of a guardian due to the following reasons:
3. The following person currently has care or custody of the proposed ward:
4. The names and address of the proposed ward's spouse, parents, and adult children are as follows:
5. The known real and personal property, and approximate value if known, of the proposed ward consists of:
6. The proposed ward's income consists of:

7. Name of proposed guardian/co-guardians:
8. Occupation of proposed guardian/co-guardians:
9. Qualifications of proposed guardian/co-guardians:
10. List priority of the proposed guardian/co-guardians:
11. If not first in priority, it is in the best interests of the proposed ward that ____ be appointed guardian/co-guardians because:
12. The Petitioner(s) has/have reviewed possibilities for alternative resource plans as specified by 30.1-26-01, N.D.C.C., and believes that no alternative resource plan is available to the proposed ward for the following reasons:
13. Petitioner(s) request(s) that the guardian/co-guardians shall have the degree of authority indicated to make decisions for the ward in the following areas:

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

Petitioner(s) is/are undecided about the extent of authority indicated to make decisions for the ward in the above areas, but request(s) the court consider some degree of authority to make decisions in the following areas:

<input type="checkbox"/>	Place of Residence
<input type="checkbox"/>	Education and/or training
<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	Vocation
<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	Medical treatment

14. Name of attorney who last represented the proposed ward:
15. Name and address of any current conservator appointed for the proposed ward:
16. Name and address of any person designated as an attorney in fact or agent in a power of attorney or as an agent in a health care directive:
17. Name and address of any representative payee for the proposed ward:
18. If available, attached is a statement from a physician, mental health services provider, or other healthcare provider regarding the physical, mental, and emotional limitations of the proposed ward.
19. Petitioner(s) has/have considered less intrusive alternatives to a guardianship for the proposed ward.

State of North Dakota
My Commission Expires:

Dated this ____ day of _____, 20__.

(ND Bar ID #)

Attorney for Petitioner(s)