

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
is/are 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.
20. The proposed ward
 is able to appear at the hearing
 is not able to appear at the hearing. If unable, the proposed ward cannot appear because:
21. For the benefit of the proposed ward, the hearing should should not be held at a place other than the courthouse. If at a place other than the courthouse, explain and propose an alternative location for the hearing.

22. The cost of this proceeding should be paid by _____.

23. The Petitioner(s) request(s) the following:

A hearing be held promptly on this Petition and that the Court appoint the above-indicated person(s) as guardian/co-guardians for the proposed ward;

The court appoint a physician or clinical psychologist to examine the proposed ward, and a visitor to interview the proposed ward and proposed guardian/co-guardians;

A guardian ad litem be appointed to advocate for the best interests of the proposed ward; and the cost of the guardianship be paid for as indicated.

24. The proposed guardian/co-guardians understand(s) that attendance at the hearing on this petition is required unless excused by the court for good cause.

Petitioner

Date

STATE OF NORTH DAKOTA)
) ss.
COUNTY OF _____)

_____, being duly sworn, states as follows:

That he/she/they is/are the Petitioner(s) in the foregoing document; that he/she/they has/have read the Petition and the facts stated are true to the best of the his/her/their knowledge.

, Petitioner

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public
State of North Dakota
My Commission Expires:

Dated this ____ day of _____, 20__.

(ND Bar ID #)

Attorney for Petitioner(s)