

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN INCAPACITATED INDIVIDUAL

Case No. _____

**DECLARATION OF NONPROFESSIONAL GUARDIAN AND
AUTHORIZATION TO ACCESS RECORD INFORMATION**

I, _____, state as follows:

1. I am the nonprofessional guardian appointed by the court. I understand that as a nonprofessional guardian I may not hold myself out as providing guardianship services for hire, I am not a public administrator, and I may serve as guardian for two or fewer individuals.

2. I completed the online North Dakota Guardianship Training Course on _____ (date). A copy of my Certificate of Completion is attached.

3. I **have not been** investigated for offenses related to the abuse, neglect or exploitation of an adult or child, or theft or fraud in North Dakota or any other state.

I **have been** investigated for offenses related to the abuse, neglect or exploitation of an adult or child, or theft or fraud in _____ (list state(s)). Explain:

4. A copy of my criminal history record check report is attached.
5. I hereby authorize the release to this court or its designee of any record information maintained by a federal agency, an agency of North Dakota, or an agency of another state kept in connection with an investigation of me for offenses related to the abuse, neglect or exploitation of an adult or child, or theft or fraud. This consent is executed voluntarily and without duress or obligation on the date below.
6. As the appointed guardian, I understand I have an ongoing duty to notify the trial court administrator of the administrative unit in which I am appointed if I am charged with a criminal offense related to fraud, theft, or abuse, neglect or exploitation of an adult or child or if there is a substantiated instance of abuse, neglect, or exploitation of an adult or child against me. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit is true and correct.
7. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Nonprofessional Guardian and Authorization to Access Record Information is true and correct.

Signed on _____ (date) in _____ (city),
 _____ (county), _____ (state), _____ (country).

 (Signature of Nonprofessional Guardian)

 (Printed Name of Nonprofessional Guardian)

 (Address) (City, State, Zip Code)

 (Telephone Number) (Email Address)

Service Instructions for Administrative Rule 59 Declaration of Guardian, Certificate of Completion, and Criminal History Record Check Report(s)

If you're representing yourself, you arrange to serve a copy of your completed and signed Declaration, Certificate of Completion of the guardian training, and your criminal history record check report(s) on the following:

- The Petitioner;
- The adult who is the subject of the guardianship case;
- The guardian ad litem;
- The visitor; and
- All of the individuals identified in [N.D.C.C. § 30.1-28-09](#).

Don't serve yourself. If anyone on the above list is represented by a lawyer, serve the lawyer instead.

Arrange to Serve Copies of the Documents by Mail

The person who serves the copies of your Administrative Rule 59 documents must be at least 18 years old. The documents must be mailed to the last known address of each person you need to serve.

- Make a copy of your Administrative Rule 59 documents for each person you need to serve. Make an additional copy to keep for your records.
- Mail copies of the documents to each person from a United States Post Office. Documents may be mailed by certified mail or by first-class mail. Postage must be prepaid.
- The person who took the envelope(s) with copies of documents to the post office and paid the postage fills out, dates and signs a Declaration of Service by Mail.
 - The United States Post Office employee **doesn't** complete a Declaration of Service by Mail.
- Make a copy of the completed, signed and dated Declaration of Service for your records.
- Service is complete upon mailing.

File Your Original Administrative Rule 59 Documents with the Clerk of Court

File the originals of the Administrative Rule 59 documents you served **and** your original completed, signed and dated Declaration of Service by Mail with the Clerk of Court.

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

Case No. _____

DECLARATION OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is _____ *(name of person who mailed documents)*. I am at least 18 years of age.

2. List of Court Documents Served:

- Declaration of Nonprofessional Guardian and Authorization to Access Record Information;
- Certificate of Completion of Adult Guardianship Training; and
- Criminal history record check report(s) for _____ *(list each state for which you obtained criminal history record check reports)*.

3. Service by Mail:

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by Certified Mail (OR) First-Class mail, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. Date of Service by Mail:

Date Court Documents Were Served by Mail: _____

5. **Person or Persons Served by Mail:**

1. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

2. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

3. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

4. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)