

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED INCAPACITATED INDIVIDUAL

Case No. _____

DECLARATION OF PROFESSIONAL GUARDIAN (INDIVIDUAL) AND AUTHORIZATION TO ACCESS RECORD INFORMATION

I, _____,

state the following pursuant to Rule 59(D) of the North Dakota Supreme Court Administrative

Rules:

- 1. I am the professional guardian appointed by the court.
- 2. I completed the online North Dakota Adult Guardianship Training Course on _____ (date). A copy of my Certificate of Completion is attached.
- 3. I possess certification through the Center for Guardianship Certification.
- 4. (Choose one.)

I have not been investigated for criminal 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 criminal offenses related to the abuse, neglect or exploitation of an adult or child, or theft or fraud in _____

(list state(s)). Explain:

5. (Choose one.)

I have not had a substantiated instance of abuse, neglect, or exploitation of an adult or child by the guardian.

I have had a substantiated instance of abuse, neglect, or exploitation of an adult or child by the guardian. Explain:

6. (Choose one.)

I have not been subject to any disciplinary proceedings by a licensing entity or by an agency accredited through the Council on Accreditation.

I have been subject to disciplinary proceedings by a licensing entity or by an agency accredited through the Council on Accreditation. Explain:

7. A copy of my criminal history record check report is attached.
8. 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.
9. 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.
10. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Professional Guardian (Individual) and Authorization to Access Record Information is true and correct.

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

 (Signature)

 (Printed Name)

 (Address) (City, State, Zip Code)

 (Telephone Number) (Email Address)