

READ BEFORE FILLING OUT THE GUARDIANSHIP ANNUAL REPORT

If you were appointed by a North Dakota District Court to be the guardian of an incapacitated adult, you must complete and file an annual report. The annual report gives the court, the ward and interested persons information regarding the exercise of the guardian's powers and the status of the ward since the last report.

The Guardianship Annual Report is made up of three separate documents:

- 1) The Annual Wellbeing Report
- 2) The Annual Financial Accounting
- 3) The Confidential Information Form

The Guardianship Annual Report also includes the required notice to the ward of the ward's right to seek alteration, limitation, or termination of the guardianship at any time.

Complete each document and file it with the Clerk of Court. Remember to completely cross-out identification numbers from any attachments you submit with your completed annual report. File the original with the court. **If you e-file the annual report, see page 3 of the General Instructions for the Guardianship Annual Report for e-filing instructions.**

A copy of the Annual Wellbeing Report and the Annual Financial Accounting must be mailed to the ward and interested persons.

If you are unsure when your guardianship annual report is due, review the order of the court that appointed you the guardian of an incapacitated adult.

Before filling out the Guardianship Annual Report, read all of the instructions for the annual report and each form. If you are unsure how to proceed, you should consult a lawyer. Only a lawyer who has agreed to represent you can give you legal advice and tell you about your options based on your circumstances.

Do not include this cover sheet when you serve or file the completed annual report.

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT

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

Case No. _____

The information on this form is confidential and must not be placed in a publicly accessible portion of a file.

**Guardianship Annual Report
Annual Wellbeing Report**

Address of Ward: _____

City, State Zip: _____

Ward's age: _____ Ward's phone number: _____

Guardian(s): _____

Address: _____

City, State Zip: _____

Phone and email: _____

TO THE ABOVE-NAMED WARD:

You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.

To the above-named guardian(s):

The annual report is due within 30 days of this notice. Please complete the form below and file it with the Clerk of Court within 30 days or an Order to Show Cause hearing may be scheduled. Please attach additional pages as needed to fully report on the Ward's wellbeing. Fillable forms and instructions are available under "Self Help" at www.ndcourts.gov.

ANNUAL WELLBEING REPORT

Report for the period from _____ / _____ / _____ **to** _____ / _____ / _____

As a named guardian(s) for the above ward, I/we report for the period indicated above as follows:

1. The ward's name, address, and telephone number are correctly listed above.
2. The guardian(s) has authority in the following areas:
 - _____ Place of residence
 - _____ Vocation
 - _____ Legal matters
 - _____ Education and training
 - _____ Medical treatment
 - _____ Financial matters
 - _____ Or name of conservator: _____
3. Name and address of representative payee, or fiduciary, if applicable: _____

4. The date of my/our last visit to the ward was: _____
5. Number of times in the past year I/we met with the ward: _____
6. The name, address, and telephone number of the person or institution that has care or custody of the ward is: _____

7. Changes in the ward's residence or care since the last guardian's report are: _____

8. A brief description of the ward's physical condition is: _____

9. A brief description of the ward's mental condition is: _____

10. The following services were provided to the ward: _____

11. To maintain the wellbeing of the ward, I/we plan to: _____

12. *Answer if you have been given authority by the court to make legal decisions for the ward:*
I have exercised legal authority this year in these matters affecting the ward: _____

13. *Answer a through d if you have medical authority for the ward:*
- a. The ward was last seen by a physician or psychologist: (name and date of last visit):

 - b. The ward was last seen by a dentist and eye doctor: (name and dates of last visits):

 - c. Medical treatment I/we have authorized since the date of the prior guardian's report is:

 - d. Medical treatment I/we refused for the ward since the date of the last guardian's report:

14. During the past year, the ward has participated in the following activities: (describe in general)

Recreational: _____

Educational: _____

Social: _____

Occupational: _____

None available _____

Refuses or unable to participate _____

15. I/We believe the guardianship should continue for the ward because: _____

16. I/We believe the guardianship is no longer needed for the ward because: _____

17. My/Our powers as guardian/co-guardians should be increased or decreased because: _____

18. Describe any other significant actions you have taken as guardian in the past year, or any other information the Court should know about the ward's living situation: _____

20. *The above is a complete and accurate account of the ward's health and wellbeing, and an accurate recording of matters which I/we have handled for the ward or in connection with the guardianship since the date of my/our last guardian's report. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

_____ ward on date: _____

_____ ward's attorney on date: _____

_____ co-guardian or conservator on date: _____

_____ these interested person(s): on date: _____

Note before signing: your signature(s) must be notarized. (A notary public is available at your district courthouse.)

Guardian: _____

Signature: _____ Date: _____

Guardian: _____

Signature: _____ Date: _____

For notary public:

State of _____

County of _____

Signed [or attested] before me on _____ by _____
(Date) (Individual(s) making statement)

Signature of notarial officer

[Stamp]

*You may use this form if you need additional space to complete your answer(s) on the Annual Wellbeing Report component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Annual Wellbeing Report **before filing.***

IN THE MATTER OF THE GUARDIANSHIP OF _____.

Case No. _____

Additional Information for the Annual Wellbeing Report

The following additional information is for paragraph number _____ on page _____ of the Annual Wellbeing Report component of the Guardianship Annual Report:

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The following additional information is for paragraph number _____ on page _____ of the Annual Wellbeing Report component of the Guardianship Annual Report:

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

Case No. _____

Guardianship Annual Report
Annual Financial Accounting

Address of Ward: _____

City, State Zip: _____

Ward's age: _____ Ward's phone number: _____

Guardian(s) or Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

TO THE ABOVE-NAMED WARD:

You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.

To the above-named guardian or conservator:

The annual report is due within 30 days of this notice. Please complete the form and file it with the Clerk of Court within 30 days or an Order to Show Cause hearing may be scheduled. Please attach additional pages as needed to fully report on the Ward's financial wellbeing. Fillable forms and instructions are available under "Self Help" at www.ndcourts.gov.

NOTE: if the Social Security Administration or the Veteran's Administration has appointed another party as a representative payee or fiduciary for those benefits, please include a copy of the representative payee's or fiduciary's report(s) that are completed on behalf of the ward. Complete this form for the assets that are in your control.

ANNUAL ACCOUNTING OF THE ESTATE

Report for the period from _____ / _____ / _____ **to** _____ / _____ / _____

1. Ward's beginning checking account(s) balance: \$ _____

2. Income and deposits:

Wages/salary \$ _____

Social Security \$ _____

Pensions/annuities \$ _____

Investments \$ _____

Other, please describe:

_____ \$ _____

_____ \$ _____

Add total of all deposits \$ _____

3. Expenses and withdrawals:

Rent/mortgage \$ _____

Utilities \$ _____

Groceries/food \$ _____

Phone \$ _____

Cable TV/internet \$ _____

Medical \$ _____

Personal needs \$ _____

Guardian/conservator fees \$ _____

Legal/professional fees \$ _____

Other, please describe: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtract total of all expenses/withdrawals \$ _____

4. Ward's ending checking account(s) balance: \$ _____

9. *The above is a complete and accurate accounting of financial matters which I/we have handled for the ward since the date of my/our last financial report. I will maintain receipts and financial documents for audit purposes. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

_____ ward on date: _____

_____ ward's attorney on date: _____

_____ co-guardian or conservator on date: _____

_____ these interested person(s): on date: _____

Note before signing: your signature(s) must be notarized. (A notary public is available at your district courthouse.)

Guardian: _____

Signature: _____ Date: _____

Guardian: _____

Signature: _____ Date: _____

For notary public:

State of _____

County of _____

Signed [or attested] before me on _____ by _____
(Date) (Individual(s) making statement)

Signature of notarial officer

[Stamp]

*You may use this form if you need additional space to complete your answer(s) on the Annual Financial Accounting component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Financial Accounting **before filing.***

IN THE MATTER OF THE GUARDIANSHIP OF _____.

Case No. _____

Additional Information for the Annual Financial Accounting

The following additional information is for paragraph number _____ on page _____ of the Annual Financial Accounting component of the Guardianship Annual Report:

The following additional information is for paragraph number _____ on page _____ of the Annual Financial Accounting component of the Guardianship Annual Report:

The following additional information is for paragraph number _____ on page _____ of the Annual Financial Accounting component of the Guardianship Annual Report:

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

Case No. _____

***The information on this form is confidential and must not be placed
 in a publicly accessible portion of a file.***

Confidential Information Form for the Guardianship Annual Report

Social Security numbers and birthdates are not required for employees of corporate guardianship or conservatorship companies; please report the company's contact information.

	NAME	BIRTHDATE, ADDRESS, and PHONE
Ward		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		

This is a complete and accurate listing of information of the persons with an interest in this ward's wellbeing. I understand this confidential information form is provided only to the clerk of court.

Guardian: _____

Signature: _____ Date: _____

Guardian: _____

Signature: _____ Date: _____

*You may use this form if you need additional space to list the name, relationship, address and phone number of interested persons on the Confidential Information Form component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Confidential Information Form **before filing.***

IN THE MATTER OF THE GUARDIANSHIP OF _____.

Case No. _____

**Additional Information for the Confidential Information Form
of the Guardianship Annual Report**

	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		