

Read Before Filling out the Guardianship Annual Report

If you were appointed by a North Dakota state district court to be the guardian of an adult (*also known as the ward*), you must complete and file an annual report. The annual report gives the court, the ward and interested persons information about 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 four separate documents. **You Must complete, serve, and file all four documents:**

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

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.

Certain information **Can't Be Included** in the Annual Wellbeing Report or the Annual Financial Accounting. See Page 2 of the General Instructions for more information.

A copy of the Annual Wellbeing Report and the Annual Financial Accounting must be mailed to the ward and interested persons listed in the Court's order.

If you e-file the annual report, see page 5 of the General Instructions for the Guardianship Annual Report for e-filing instructions.

If you don't know when your guardianship annual report is due, review the most order of the court that appointed you the guardian of the ward.

Before filling out the Guardianship Annual Report, read **all** of the instructions for the annual report and for each form. If you don't know how to proceed, [consult a lawyer](#). Only a lawyer who has agreed to represent you can give you legal advice about what to write, how to proceed, and tell you about your options based on your circumstances.

Don't include this cover sheet when you serve or file the completed annual report.

State Of North Dakota

In District Court

County Of _____

_____ Judicial District

In the Matter of the Guardianship or Conservatorship of

_____.

Case No. _____

*The information in 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):

Attach additional pages as needed to fully report on the Ward's wellbeing. Fillable forms and instructions are available at ndcourts.gov/legal-self-help.

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

☐ Medical treatment

☐ Vocation

☐ Education and training

☐ Legal matters

☐ Access to and control of safety deposit boxes

☐ Financial matters

☐ Or name of conservator: _____

3) Name and address of representative payee, or fiduciary, if applicable: _____

(guardian Must also submit the annual financial accounting)

4) The date of my/our last physical 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 (by me or others): _____

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
(including treatments during visits listed in 13a & 13b; also including, but not limited to,
immunizations, prescriptions, hospital treatment, alternate treatment providers, etc.):

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) Check any that apply:

☐ I/We believe the guardianship should continue

☐ I/We believe the guardianship is no longer needed

☐ My/Our powers as guardian/co-guardians should be increased or decreased Describe the reasons for any desired changes. (**If the guardianship levels of authority need to be adjusted, submit a separate request in writing.**) _____

16) List any instances when you have restricted the ward's communications, and include the purpose for the restrictions (phone, mail, visits, etc): _____

17) 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: _____

18) I/we will arrange to have a copy of this report served by certified mail or first class mail, or served by personal delivery to each person listed below. A Declaration of Service showing service to each person listed below will be filed with this report. The following persons will be served a copy of this Annual Wellbeing Report (*list the name and relationship to the ward of each person to whom you served a copy of this report. Declaration of Service forms are included with this report form*):

19) By signing below, I/we certify under penalty of perjury under the law of North Dakota, that the information contained in, and attached to, this Annual Report is true, complete, and correct.

Guardian name (print): _____

Signature: _____ Date: _____

County, State, Country where signed: _____

Guardian name (print): _____

Signature: _____ Date: _____

County, State, Country where signed: _____

*You may use this form if you need more space for your answer(s) on the Annual Wellbeing Report part of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Annual Wellbeing Report **before serving and 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 part of the Guardianship Annual Report:

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

State Of North Dakota

In District Court

County Of _____

_____ Judicial District

In the Matter of the Guardianship or Conservatorship of

_____.

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:

Attach additional pages as needed to fully report on the Ward's financial wellbeing. Fillable forms and instructions are available at ndcourts.gov/legal-self-help.

Note: if the Social Security Administration or other agency appointed another party as a representative payee or fiduciary for benefits, **YOU MUST include a copy of the representative payee's or fiduciary's report(s) that are completed on behalf of the ward. YOU MUST complete this form for the assets that are in your control.** *Rule 3.4 of the North Dakota Rules of Court requires social security numbers and birthdates to be redacted or completely crossed out, except for the last four digits of a social security number and a birth year.*

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 the total of all income and deposits \$ _____

3) Expenses and withdrawals:

Rent/mortgage/residence \$ _____

Utilities/phone/etc \$ _____

Groceries/food \$ _____

Insurances \$ _____

Spending money \$ _____

Medical \$ _____

Personal needs \$ _____

Guardian/conservator fees \$ _____

Legal/professional fees \$ _____

Other, please describe: \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Subtract the total of all expenses/withdrawals \$ _____

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

5) **Current asset listing** (For personal property combine all general personal property such as clothing appliances, furniture, and housewares and provide an estimated total. List items of high value such as jewelry, art or antiques separately):

Asset Description	Date Acquired if New	Value or Balance
Personal Property:		
Other (list):		

6) **Assets disposed of since last report:** include the name of the person or company that received the asset, and the reasons for the disposal in the comments.

Asset Description and reason for disposal	Date of Disposal	Amount Received

7) **Mortgages, loans, creditors, other debt:**

Description	Value or Balance	Location

8) **Comments** on financial well-being and transactions. Include the reasons why assets were disposed of, or why new assets were received, and explain new debt. Summarize the financial decision-making assistance you have provided to the ward. (Attach additional pages as needed.)

9) I/we will arrange to have a copy of this report served by certified mail or first class mail, or served by personal delivery to each person listed below. A Declaration of Service showing service to each person listed below will be filed with this report. The following persons will be served a copy of this Annual Financial Accounting (*list the name and relationship to the ward of each person to whom you served a copy of this report. Declaration of Service forms are included with this report form*):

10) By signing below, I/we certify under penalty of perjury under the laws of North Dakota, that the information contained in, and attached to, this Annual Report is true, complete, and correct.

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, Country where signed: _____

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, Country where signed: _____

*Use this form if you need more space for your answer(s) on the Annual Financial Accounting part of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Annual Financial Accounting **before serving and 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 part of the Guardianship Annual Report:

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

State of North Dakota

In District Court

County of _____

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_____.

Case No. _____

Guardianship Annual Report Confidential Information Form

The information on this form is confidential and must not be placed in a publically accessible document. Social security numbers and birthdates **aren't** required for company employees – list the company's contact information and Tax ID Number.

Full Information

Redacted Information

Ward:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Guardian/Conservator:

Name: _____

Date of Birth: _____

SSN or Taxpayer ID: _____

Year of Birth: _____

XXX-XX-_____

Co-Guardian/Co-Conservator:

Name: _____

Date of Birth: _____

SSN or Taxpayer ID: _____

Year of Birth: _____

XXX-XX-_____

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)

State of North Dakota

In District Court

County of _____

_____ Judicial District

In The Matter of the Guardianship or Conservatorship of

_____.

Case No. _____

Guardianship Annual Report Contact Information Form

The Guardian must mail copies of the annual report to the conservator, if any, the Ward, and all interested persons listed in the court order appointing the guardian. Review your court order and list the name, relationship to the Ward, address, phone number, and email of every interested person listed in the order. Attach additional pages if needed.

Ward's Name	Address, Phone Number & Email
Guardian's/Co-Guardian's Name	Address, Phone Number & Email
Conservator's/Co-Conservator's Name	Address, Phone Number & Email
Interested Person Name & Relationship	Address, Phone Number & Email

Interested Person Name & Relationship	Address, Phone Number & Email

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)

State of North Dakota

In District Court

County of _____

_____ Judicial District

In The Matter of the Guardianship or Conservatorship of

_____.

Case No. _____

Declaration of Service by Mail

(May serve multiple persons Only If envelopes are mailed same day.)

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** *(checkmark ☒ the box of each item served. If you have additional documents, checkmark the box and list the name of the document):*

☒ Guardianship Annual Report: Annual Wellbeing Report

☒ Guardianship Annual Report: Annual Financial Accounting

☒ Guardianship Annual Report: Contact Information

☐

☐

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 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)