

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_,  
AN ALLEGED INCAPACITATED INDIVIDUAL**

**Case No.** \_\_\_\_\_

**LETTERS OF EMERGENCY GUARDIANSHIP PENDING HEARING (EX-PARTE)**

**Name of alleged incapacitated individual:**

**Age:**

**Address:**

I/We accept the duties of Emergency Guardian/Co-Guardians of the alleged incapacitated individual and will perform, according to law, the duties of Emergency Guardian/Co-Guardians.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Guardian

**To:**

**Name of Guardian/**

**Co-Guardians:**

**Address:**

**Date of Appointment:**

In the District Court on the above date, this/these guardian/co-guardians was/were appointed to be the emergency guardian/co-guardians of the alleged incapacitated individual pending a hearing on the appropriateness of the appointment.

The emergency guardian/co-guardians shall have the degree of authority indicated below to make decisions for the alleged incapacitated individual in the following areas:

Full	Limited	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involuntary treatment with prescribed medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents

If the guardian's/co-guardians' authority as specified above is limited, the limitations are as follows:

If co-guardians/ add this language:

The signature of one co-guardian [ ] is [ ] is not sufficient to authorize any matter.

**This emergency guardianship shall terminate 10 days from the date of this Order, or upon further Order of the Court.**

BY THE COURT:

\_\_\_\_\_  
Judge of the District Court