

STATE OF NORTH DAKOTA

IN DISTRICT COURT

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

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

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

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

**LETTERS OF GUARDIANSHIP**

**Name of ward:**

**Address:**

I/We accept the duties of guardian/co-guardians of the ward and will perform these duties according to law.

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

\_\_\_\_\_  
Guardian

**To:**

**Name of guardian/co-guardians:**

**Address:**

**Telephone:**

The district court appointed this/these guardian/co-guardians to be the successor guardian/co-guardians of the indicated ward.

The guardian/co-guardians shall have the degree of authority indicated below to make decisions for the ward 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 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.

**These Letters take effect immediately and expire** \_\_\_\_\_.

BY THE COURT:

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