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	
❑	❑	❑	Place of Residence
❑	❑	❑	Education and/or training
❑	❑	❑	Legal matters
❑	❑	❑	Vocation
❑	❑	❑	Financial matters
❑	❑	❑	Medical treatment
❑	❑	❑	Involuntary treatment with prescribed medications
❑	❑	❑	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