

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED INCAPACITATED INDIVIDUAL

PETITION FOR APPOINTMENT OF AN EMERGENCY GUARDIAN

Case No. _____

Name of alleged incapacitated individual:

Age:

Address:

Name of Petitioner(s):

Address:

Corporate or agency status:

Relationship to alleged incapacitated individual:

The Petitioner(s) states to the court as follows:

1. The information listed above pertaining to the alleged incapacitated individual and the Petitioner(s) is accurate.
2. The appointment of an emergency guardian is necessary because substantial harm will likely occur to the alleged incapacitated individual's health, safety, or welfare and no other person appears to have authority or willingness to act in the circumstances. The nature of the substantial harm is:

(Paragraph 2, continued.)

3. The following person(s) currently has/have care or custody of the alleged incapacitated individual:

4. Name of attorney for alleged incapacitated individual:

5. Name of proposed emergency guardian/co-guardians:

6. Occupation of proposed emergency guardian/co-guardians:

7. Qualifications of proposed emergency guardian/co-guardians:

8. The Petitioner(s) request(s) that the emergency guardian/co-guardians shall have the degree of authority indicated to make decisions for the alleged incapacitated individual in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of Residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and/or training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents.

9. The alleged incapacitated individual (*choose and complete one*):
 - is able to appear physically or by reliable electronic means at the hearing at the courthouse.
 - is not able to appear physically or by reliable electronic means at the hearing at the courthouse because:

10. For the benefit of the alleged incapacitated individual, the hearing (*choose one*)
should/should not be held at a place other than the courthouse. If at a place other than the courthouse, explain and propose an alternative location for hearing:

11. The cost of this proceeding should be paid by the estate of the alleged incapacitated individual to the extent funds are available then by petitioners.

12. The Petitioner(s) requests the following:

a. The Court appoint the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual with limitations as set forth above, for a period of time not to exceed 90 days;

b. A hearing be held on this Petition, and the Court appoint the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual with limitations as set forth above;

- c. A guardian ad litem be appointed to advocate for the best interests of the alleged incapacitated individual; and
- d. The cost of this guardianship proceeding be paid for as indicated.

Dated _____.

Petitioner Signature

Petitioner Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____

(Use for co-petitioner. If no co-petitioner, write "N/A" on signature line.)

Dated _____.

Co-Petitioner Signature

Co-Petitioner Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____