

## **READ BEFORE FILLING OUT THE GUARDIANSHIP of MINOR ANNUAL REPORT**

**If you were appointed by a North Dakota District Court or a North Dakota Juvenile Court to be the guardian of a minor child (*under 18 years old*), you must complete and file an annual report with the North Dakota Juvenile Court. The annual report gives the Juvenile Court, the child and interested persons information regarding the exercise of the guardian's powers and the status of the child since the last report.**

The Guardianship Annual Report form is made up of three separate documents:

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

Complete each document and file it with the Clerk of Court. If any question doesn't apply to your situation, **don't leave it blank**. Type or write "not applicable" or "N/A."

Remember to completely cross-out identification numbers from any attachments you submit with your completed annual report. File the original with the court. **If you e-file the annual report, see page 4 of the General Instructions for the Guardianship of Minor Annual Report for e-filing instructions.**

If you're unsure when your annual report is due, review the order of the court that appointed you the guardian of the minor.

**Before filling out the Guardianship of Minor Annual Report, read all of the instructions for the annual report and each form. If you're unsure how to proceed, consult a lawyer. Only a lawyer who has agreed to represent you can give you legal advice about 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 JUVENILE COURT

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

JUDICIAL DISTRICT

IN THE INTEREST OF \_\_\_\_\_, A CHILD

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

**JUVENILE GUARDIANSHIP ANNUAL REPORT**

**Annual Wellbeing Report**

Child's address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Child's age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**To the above-named guardian(s):**

The annual report is due within 30 days of this notice. Please complete the form below and file them with the Clerk of Court within 30 days or an Order to Show Cause hearing may be scheduled. (*The Annual Wellness Report and the Annual Financial Report must also be filed as part of the annual report.*)

Please attach additional pages as needed to fully report on the Child's wellbeing. Fillable forms and instructions are available at [ndcourts.gov/legal-self-help](http://ndcourts.gov/legal-self-help).

Don't leave any of the form blank. If a section of the form doesn't apply to you or the Child, type or write "0.00" for the dollar amount, or "Not Applicable."

Remember to completely cross out identification numbers on any attachments that you submit.

## ANNUAL WELLBEING REPORT

Report for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

As a guardian(s) for the above Child, I/we report for the period indicated above as follows:

1. The Child's name, address, and telephone number are correctly listed above.
2. The guardian(s) has authority in the following areas:
  - ☐ Place of residence
  - ☐ Education and social activities
  - ☐ Medical treatment
  - ☐ Legal and financial matters
  - ☐ Or, name of conservator: \_\_\_\_\_
3. Name and address of representative payee, or fiduciary, if applicable: \_\_\_\_\_  
\_\_\_\_\_
4. The Child lived with me: ☐ YES or ☐ NO
  - a) If no: name, address, and phone of person or agency with custody: \_\_\_\_\_  
\_\_\_\_\_
  - b) If no: the number of times in the past year I/we met with the Child (describe visitation): \_\_\_\_\_  
\_\_\_\_\_
5. Changes in the child's residence or care since the last guardian's report are: \_\_\_\_\_  
\_\_\_\_\_
6. A brief description of the child's physical and mental condition: \_\_\_\_\_  
\_\_\_\_\_
7. The following services were provided to the child (by me or others): \_\_\_\_\_  
\_\_\_\_\_

8. *Answer if you have been given authority by the court to make legal decisions for the child:*

I have exercised legal authority this year in these matters affecting the child: \_\_\_\_\_

\_\_\_\_\_

9. *Answer a through d if you have medical authority for the child:*

a. The child was last seen by a physician or psychologist: (name and date of last visit):

\_\_\_\_\_

b. The child 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:

\_\_\_\_\_

d. Medical treatment I/we refused for the child since the date of the last guardian's report:

\_\_\_\_\_

10. *Answer if the child's parents retain visitation rights:*

Nature and extent of contact and visitation between the parent(s) and the child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. During the past year, the child has participated in the following activities: (describe in general)

Recreational: \_\_\_\_\_

Educational: \_\_\_\_\_

Social: \_\_\_\_\_

Occupational: \_\_\_\_\_

Refuses or none available: (explain) \_\_\_\_\_

12. I/We believe the guardianship should continue for the child because: \_\_\_\_\_

\_\_\_\_\_

13. I/We believe the guardianship is no longer needed for the child because: \_\_\_\_\_

\_\_\_\_\_

14. My/Our powers as guardian/co-guardians should be increased or decreased because: \_\_\_\_\_  
\_\_\_\_\_

15. Describe any other significant actions you have taken as guardian in the past year, or any other information the Court should know about the child's living situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. *The above is a complete and accurate account of the child's health and wellbeing, and an accurate recording of matters which I/we have handled for the child or in connection with the guardianship since the date of my/our last guardian's report. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

<input type="checkbox"/> child	on date: _____
<input type="checkbox"/> child's attorney	on date: _____
<input type="checkbox"/> child's parents	on date: _____
<input type="checkbox"/> co-guardian or conservator	on date: _____
<input type="checkbox"/> these interested person(s):	on date: _____

\_\_\_\_\_  
\_\_\_\_\_

17. *By signing below I/we declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.*

Guardian: \_\_\_\_\_ (printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, state, country where signed: \_\_\_\_\_

Guardian: \_\_\_\_\_ (printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, state, country where signed: \_\_\_\_\_

*You may use this form if you need additional space to complete your answer(s) on the Annual Wellbeing Report component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Annual Wellbeing Report **before filing.***

IN THE INTEREST OF \_\_\_\_\_, A CHILD.

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

### **Additional Information for the Annual Wellbeing Report**

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Wellbeing Report component of the Guardianship Annual Report:

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Wellbeing Report component of the Guardianship Annual Report:

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Wellbeing Report component of the Guardianship Annual Report:

STATE OF NORTH DAKOTA

IN JUVENILE COURT

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

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

IN THE INTEREST OF \_\_\_\_\_, A CHILD

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

**JUVENILE GUARDIANSHIP ANNUAL REPORT**

**Annual Financial Report**

Child's address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Child's age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**To the above-named guardian or conservator:**

Please complete this report and attach additional pages as needed to fully report on the Child's financial wellbeing. *Please record any financial assistance you receive for the care of the Child.* Attach additional pages as needed to fully report on the Child's financial wellbeing. Fillable forms and instructions are available at [ndcourts.gov/legal-self-help](http://ndcourts.gov/legal-self-help).

Don't leave any of the form blank. If a section of the form doesn't apply to you or the child, type or write "0.00" for the dollar amount, or "Not Applicable."

Remember to completely cross out identification numbers on any attachments that you submit.

NOTE: if the Social Security Administration or the Veteran's Administration has appointed another party as a representative payee or fiduciary for those benefits, please include a copy of the representative payee's or fiduciary's report(s) that are completed on behalf of the Child. Complete this form for the assets that are in your control.

## ANNUAL ACCOUNTING OF THE ESTATE

Report for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

1. Child's beginning checking account(s) balance: \$ \_\_\_\_\_

2. Funds Received on behalf of the Child:

Child support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Other, please describe:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total of all deposits: \$ \_\_\_\_\_

3. Expenses paid from the Child's estate:

Rent/Room and board \$ \_\_\_\_\_

Education \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Phone/cable/internet \$ \_\_\_\_\_

Personal \$ \_\_\_\_\_

Other (describe):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total of all expenses \$ \_\_\_\_\_

4. Child's ending checking account(s) balance:

(Beginning balance, plus deposits, minus expenses) \$ \_\_\_\_\_

5. Current asset listing:

Asset Description	Date Acquired if New	Value or Balance

6. Assets disposed of since last report: (provide transaction details 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 income and transactions. Include reasons why assets were disposed of, why new assets were received, explain new debt. Summarize financial decision-making assistance you have provided to the child. If the Child is employed, describe their money management.

---

---

---

---

9. The above is a complete and accurate accounting of financial matters which I/we have handled for the child since the date of my/our last financial report. I will maintain receipts and financial documents for audit purposes. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:

- ☐ child on date: \_\_\_\_\_
- ☐ child's attorney on date: \_\_\_\_\_
- ☐ child's parents on date: \_\_\_\_\_
- ☐ co-guardian or conservator on date: \_\_\_\_\_
- ☐ these interested person(s): on date: \_\_\_\_\_

---

---

10. By signing below I/we declare, under penalty of perjury under the law of North Dakota, that the foregoing is true and correct.

Guardian: \_\_\_\_\_ (printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, state, country where signed: \_\_\_\_\_

Guardian: \_\_\_\_\_ (printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, state, country where signed: \_\_\_\_\_

*You may use this form if you need additional space to complete your answer(s) on the Annual Financial Report component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Financial Report **before filing.***

IN THE INTEREST OF \_\_\_\_\_, A CHILD.

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

### **Additional Information for the Annual Financial Report**

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Financial Report component of the Guardianship Annual Report:

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Financial Report component of the Guardianship Annual Report:

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Financial Report component of the Guardianship Annual Report:

STATE OF NORTH DAKOTA

IN JUVENILE COURT

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

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

IN THE INTEREST OF \_\_\_\_\_, A CHILD

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

**JUVENILE GUARDIANSHIP ANNUAL REPORT CONFIDENTIAL INFORMATION FORM**

	NAME	BIRTHDATE, ADDRESS, and PHONE
Child		
Social Security Number:		
Guardian		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		

*This is a complete and accurate listing of information of the persons with an interest in this child's wellbeing. I understand this confidential information form is provided only to the clerk of court.*

Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may use this form if you need additional space to list the name, relationship, address and phone number of interested persons on the Confidential Information Form component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Confidential Information Form **before filing.***

IN THE INTEREST OF \_\_\_\_\_, A CHILD.

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

**Additional Information for the Confidential Information Form  
of the Guardianship Annual Report**

	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		