

STATE OF NORTH DAKOTA IN DISTRICT COURT
COUNTY OF _____ _____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP / CONSERVATORSHIP OF

_____ **Case No.** _____

NOTICE OF MOTION FOR ORDER TO *(choose one)*

- APPEAR BY OTHER RELIABLE ELECTRONIC MEANS**
- HOLD HEARING AT AN ALTERNATE LOCATION**
- ALLOW NON-ATTENDANCE AT HEARING**

1. The following Motion is brought in accordance with Rule 3.2, North Dakota Rules of Court. The motion will be decided on the documents filed with the court unless oral argument or the taking of testimony is timely requested by a party or required by the Court.

2. You have 14 days after service of this Motion upon you within which to serve and file a response or objection to the Court granting the attached motion. Upon the filing of an answer, or upon expiration of the time for filing, the Motion is deemed submitted to the Court, unless a party timely requests oral argument or the taking of testimony.

Dated _____, 20____.

Signature of Guardian/Conservator

Printed Name

Address

City, State, Zip Code

Telephone Number & Email Address

IN THE MATTER OF THE GUARDIANSHIP / CONSERVATORSHIP OF

Case No. _____

MOTION FOR ORDER TO *(choose one)*

- APPEAR BY OTHER RELIABLE ELECTRONIC MEANS**
- HOLD HEARING AT AN ALTERNATE LOCATION**
- ALLOW NON-ATTENDANCE AT HEARING**

1. A review hearing is scheduled for _____, 20____, to determine whether the guardianship / conservatorship should continue.

2. The guardian / conservator of the above-named incapacitated individual, in accordance with Rule 3.2 of the North Dakota Rules of Court, hereby moves the court for *(choose one)*

An order to allow the guardian/conservator the ward/protected person to appear at the hearing by other reliable electronic means in accordance with Rule 52 of the North Dakota Supreme Court Administrative Rules.

An order to hold the hearing at an alternative location with the ward/protected person in accordance with North Dakota Century Code Section 30.1-28-03(9) for guardianships and Section 30.1-29-07(4) for conservatorships.

An order allowing the ward/protected person not to attend the hearing in accordance with North Dakota Century Code Section 30.1-28-03(8) for guardianships and Section 30.1-29-07(4) for conservatorships.

3. A brief and an affidavit in support of this motion are attached.

Dated _____, 20_____.

Signature of Guardian/Conservator

Printed Name

Address

City, State, Zip Code

Telephone Number & Email Address

from telephone number: _____

by interactive video network (IVN) form the following location:

by other reliable electronic means:

North Dakota Century Code Section 30.1-28-03(9) for guardianships and Section 30.1-29-07(4) for conservatorships provides that the court may hold a hearing at an alternative location if it is in the best interests of the ward/protected person. It is in the best interests of the ward/protected person to hold the hearing at the following alternative location: _____

North Dakota Century Code Section 30.1-28-03(8) for guardianships and Section 30.1-29-07(4) for conservatorships provides that the ward/protected person may be absent from the hearing, if good cause is shown. Good cause may include the physical difficulty of the ward/protected person to attend in person, but cannot be the only reason. There is good cause to allow the non-attendance of the ward/protected person.

4. The court should grant this Motion because: *(If requesting appearance by other reliable electronic means or an alternative location for the hearing other than a courthouse (i.e. a nursing home), explain how your request is in the best interests of the ward/protected person. If requesting non-appearance of the ward/protected person, explain the good cause(s) for your request. Number your paragraphs 4(a), 4(b), 4(c), and so on.)*

(Paragraph 4, continued.)

CONCLUSION

5. The guardian/conservator respectfully requests that the court enter an Order consistent with the guardian's/conservator's Motion.

Dated _____, 20_____.

Signature of Guardian/Conservator

Printed Name

Address

City, State, Zip Code

Telephone Number & Email Address

That the court hold the hearing with the ward/protected person at an alternative location.

That the court allow the ward/protected person to be absent from the hearing.

because: *(Describe the relevant facts that support your request.)*

6. The following additional documents that support my Affidavit are attached (*list name and brief description of each document*):

7. I would like the court to consider the following additional information in making a decision:

8. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit in Support of Motion is true and correct.

Dated _____, 20_____.

Signature of Guardian/Conservator

County, State and Country where signed

Printed Name

Address

City, State, Zip Code

Telephone Number & Email Address

IN THE MATTER OF THE GUARDIANSHIP / CONSERVATORSHIP OF

Case No. _____

ORDER ON MOTION FOR ORDER TO *(choose one)*

- APPEAR BY OTHER RELIABLE ELECTRONIC MEANS**
- HOLD HEARING AT AN ALTERNATE LOCATION**
- ALLOW NON-ATTENDANCE AT HEARING**

1. This matter came before the Court on a Motion for Order to *(choose one)*

- Appear by Other Reliable Electronic Means
- Hold Hearing at an Alternate Location
- Allow Non-Attendance at Hearing

at the guardianship / conservatorship review hearing scheduled _____, 20__.

2. The Court having read and reviewed the motion documents, and being fully advised,

HEREBY ORDERS:

3. *(Choose one. Continued on Page 2 of 2.)*

The Motion to Appear by Other Reliable Electronic Means is **GRANTED**. It is in the best interests of the ward/protected person to allow the guardian/conservator ward/protected person to appear at the hearing. The guardian/conservator ward/protected person must be at the telephone number provided, the ITV site, or the other site at the time of the review hearing and be prepared to be contacted by the Court.

The Motion to Hold Hearing at an Alternate Location is **GRANTED**. It is in the best interests of the ward/protected person to hold the hearing at the following alternative location:

The Motion to Allow Non-Attendance at Hearing is **GRANTED**. There is good cause to allow the ward/protected person not to attend the review hearing.

The Motion is **DENIED**.

Dated _____, 20_____.

BY THE COURT:

Judge/Judicial Referee of the District Court

STATE OF NORTH DAKOTA IN DISTRICT COURT
COUNTY OF _____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP / CONSERVATORSHIP OF

Case No. _____

AFFIDAVIT OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail swears:

1. My name is: _____ *(person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served for Motion for Order to** *(choose one):*

Appear by Other Reliable Electronic Means

Hold Hearing at an Alternate Location

Allow Non-Attendance at Hearing

- Notice of Motion;
- Motion;
- Brief in Support of Motion;
- Affidavit in Support of Motion;
- All Other Supporting Documentation for the Motion.

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by First-Class mail, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

(city) (county) (state)

5. **Person or Persons Served by Mail** (*Non-moving party names and addresses*):

1. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

2. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

3. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. I swear under penalty of perjury under the law of North Dakota that everything I stated in this Affidavit of Service by Mail is true and correct.

STATE OF _____)
)
COUNTY OF _____) ss.
)
COUNTRY OF _____)

Signed this _____ day of _____, 20_____.

Signature

Printed Name

Address City State Zip Code

Telephone Number: _____

