

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP/CONSERVATORSHIP OF

AN INCAPACITATED INDIVIDUAL/PROTECTED PERSON

Case No. _____

PETITION TO ACCEPT TRANSFER OF ☐ GUARDIANSHIP ☐ CONSERVATORSHIP FROM ANOTHER STATE

Name of guardian/co-guardians:

Name of conservator/co-conservators:

Relationship to ward/protected person:

Address:

City:

State:

Zip:

Phone & Email:

1. I am/We are the ☐ guardian/co-guardians ☐ conservator/co-conservators for the ward/protected person. I /We petition this Court to accept the transfer of a ☐ guardianship ☐ conservatorship from _____ (*County and State*)

under Section 28-35-16 of the North Dakota Century Code (N.D.C.C.).

2. Information about the ward/protected person:

Name:

Age:

Date of Move:

Current Address:

City:

State:

Zip:

Phone & Email:

3. I was/We were appointed ☐guardian/co-guardians ☐conservator/co-conservators by order of _____ (*Name of Court*), dated _____.

The case number is _____. A certified copy of the order appointing the guardian/co-guardians or conservator/co-conservators and a certified copy of letters of guardianship or conservatorship, or comparable document, are attached.

4. (*Select all that apply and fill in details*):

☐The scope of the guardianship is:

Full	Limited	None	
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<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/or training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control of safety deposit box and contents

Other authority not listed above (*explain*):

☐The scope of the conservatorship is (*explain*):

5. I am/We are eligible to be appointed in North Dakota as *(select all that apply and fill in details)*:

☐ guardian/co-guardians because I am/we are eighteen years or age or older, and *(choose one)*:

- ☐ A person nominated by the ward prior to being determined to be incapacitated.
- ☐ The spouse of the ward.
- ☐ An adult child of the ward.
- ☐ A parent of the ward.
- ☐ A relative of the ward with whom the ward has resided for the past 6 months.
- ☐ A relative or friend of the ward who has maintained significant contacts.
- ☐ A designated person from a volunteer agency.
- ☐ A non-profit corporation established to provide guardianship services. The Corporation does not provide direct care to incapacitated persons.
- ☐ A government agency. Specifically, _____.
- ☐ A person nominated by the person caring for or paying benefits to the ward.

☐ conservator/co-conservator because I am/we are eighteen years or age or older, and *(choose one)*:

- ☐ A limited liability company, association, corporation or other entity with general power to serve as trustee, as conservator of a protected person's estate.
- ☐ The spouse of the protected person.
- ☐ An adult child of the protected person.
- ☐ A parent of the protected person.
- ☐ A relative of the protected person with whom the protected person has resided for the past 6 months.
- ☐ A person nominated by the person caring for or paying benefits to the protected person.

6. *(Choose one. Paragraph 6 continues on next page.)*

☐ I am/We are the conservator/co-conservator **only**. I am **not**/We are **not** the guardian/co-guardians.

☐ I am/We are the guardian/co-guardians and I am/We are aware of the following requirements of Rule 59 of the North Dakota Supreme Court Administrative Rules:

- a. I/We must meet certain qualifications based on whether I am/We are a non-professional guardian (two or fewer wards); an individual professional guardian (three or more wards), or a professional guardianship entity (three or more wards).
- b. I/We must provide a report of a criminal history record check to the court.
- c. I/We must complete on-line guardianship training and provide a certificate of completion to the court.
- d. I/We must provide an affidavit stating whether I/we have been investigated for offenses related to theft, fraud, or the abuse, neglect, or exploitation of an adult or child. If so, I/We must provide a release(s) authorizing access to any records or information.
- e. I/We must complete and provide an affidavit to the court showing that the qualification and training requirements of the rule are met.

I/We have taken the following steps to meet the requirements of Rule 59 of the North Dakota Supreme Court Administrative Rules (*describe*):

7. Petitioner reasonably believes that accepting the ☐guardianship ☐conservatorship is not contrary to the interests of the ward/protected person.

8. I/We request the following:

a. Issue a provisional order granting this petition to accept ☐guardianship

☐conservatorship from _____(Name of State); and

b. After the other state court has ruled to confirm the transfer and terminate the

☐guardianship ☐conservatorship in the other state, issue a final order accepting the

☐guardianship ☐conservatorship in North Dakota.

9. I/We will shall provide a copy of this Petition to persons who would be entitled to notice if the petition were a petition for the appointment of a guardian or issuance of a protective order in both the other state and North Dakota. Notice will be given in the same manner as notice is required to be given under Section 30.1-28-09 of the North Dakota Century Code (N.D.C.C.) and/or N.D.C.C. Section 30.1-29-05.

10. The persons entitled to notice are as follows (*attach additional pages as needed*):

Name of Ward/Protected Person, Ward's/Protected Person's Attorney, Parent(s) of Ward/Protected Person, Ward's/Protected Person's Spouse, Ward's/Protected Person's Co-Guardian/Co-Conservator, and Interested Persons Entitled to Notice:	Relationship to Ward/Protected Person

11. I/We verify, under penalty of perjury under the law of North Dakota, that everything I/we stated in this Petition is true and correct.

(Guardian/Conservator completes.)

Signed on _____ (date), in _____ County,
State of _____, Country of _____.

Guardian/Conservator Signature

Guardian/Conservator Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address: _____

(Co-Guardian/Co-Conservator completes, if there is a Co-Guardian/Co-Conservator. Otherwise, write "No Co-Guardian/Co-Conservator" on the signature line.)

Signed on _____ (date), in _____ County,
State of _____, Country of _____.

Co-Guardian/Co-Conservator Signature

Co-Guardian/Co-Conservator Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address: _____