

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:** \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF MOTION FOR FINAL ORDER TO ACCEPT TRANSFER OF**

**☐GUARDIANSHIP/☐CONSERVATORSHIP FROM ANOTHER STATE**

*(If co-guardians/co-conservators, each must complete their own affidavit).*

I, \_\_\_\_\_ *(name of guardian/conservator),*

state as follows:

1. I am the ☐guardian/co-guardian ☐conservator/co-conservator for the ward/protected person.

2. My address, telephone number, and email address are as follows:

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone Number: \_\_\_\_\_

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

3. On \_\_\_\_\_ *(date)*, a Petition to Accept Transfer of Guardianship/Conservatorship from Another State was filed with this Court.

4. The Court entered a Provisional Order Granting Petition to Accept Transfer of Guardianship/Conservatorship from Another State on \_\_\_\_\_ *(date)*.

5. The \_\_\_\_\_ (State) state court entered a final order transferring jurisdiction of the ☐guardianship/☐conservatorship to North Dakota under provisions similar to Section 28-35-15 of the North Dakota Century Code (N.D.C.C.).

6. I filed a certified copy of the other state's final order with this motion.

7. (Choose one)

☐ I am the conservator only. N.D. Supreme Court Administrative Rule 59 does not apply.

☐ I completed the requirements of N.D. Supreme Court Administrative Rule 59. My Rule 59 affidavit, my Certificate of Completion of the North Dakota Guardianship Training Course, and a copy of my criminal history record check is on file with the Court.

8. I ask this Court to enter a final order accepting jurisdiction of the ☐guardianship/☐conservatorship, which recognizes the ☐guardianship/☐conservatorship order from the other state, including the determination of the incapacitated or protected person's incapacity and the appointment of the ☐guardian/co-guardians ☐conservator/co-conservators.

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

Signed on \_\_\_\_\_ (date), in \_\_\_\_\_ (city)  
\_\_\_\_\_ County, \_\_\_\_\_ (State), \_\_\_\_\_ (Country).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address City State Zip Code

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_