

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 states:

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

2. **List of Court Documents Served** *(check all that apply):*
(Check only the documents that were served. Use "Other" to write the title of each document served that is not already listed.)

- ☐ Notice of Motion for Final Order to Accept Transfer of Guardianship/Conservatorship from Another State;
- ☐ Motion for Final Order to Accept Transfer of Guardianship/Conservatorship from Another State;
- ☐ Brief in Support of Motion for Final Order to Accept Transfer of Guardianship/Conservatorship from Another State;
- ☐ Affidavit in Support of Motion for Final Order to Accept Transfer of Guardianship/Conservatorship from Another State;
- ☐ Copy of Other State's Certified Order;
- ☐ Proposed Final Order Accepting Transfer Guardianship/Conservatorship from Another State;
- ☐ *(Guardianship only)* Affidavit of Proposed Nonprofessional Guardian (Rule 59)
- ☐ *(Guardianship only)* Certificate of Completion – ND Guardianship Training Course (Rule 59)
- ☐ *(Guardianship only)* Criminal History Record Check Report (Rule 59)
- ☐ Other: _____

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:**

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: _____

4. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. I declare, 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.

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

Signature

Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address