

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. _____

**INFORMATION ABOUT THE GUARDIANSHIP/CONSERVATORSHIP ACCEPTED FOR TRANSFER
FROM ANOTHER STATE**

Name of guardian/co-guardians:

Name of conservator/co-conservators:

Relationship to ward/protected person:

Address:

City:

State:

Zip:

Phone & Email:

The North Dakota District Court issued a final order accepting the transfer of this guardianship and/or conservatorship from another state. The District Court now has exclusive jurisdiction (authority) over this guardianship and/or conservatorship.

The District Court judge or judicial referee assigned to your case now must determine if the other state's guardianship and/or conservatorship order needs to be modified to conform to North Dakota's legal requirements. This form helps the judge or judicial referee make these decisions. This form also allows you to request modifications to your authority.

Fill out this form completely and don't leave any blank spaces. If any part of the form doesn't apply to the guardianship and/or conservatorship, type or write "doesn't apply."

When you're finished, sign and date this form. Make a copy for your records. Then, file the original and copies of any documents you reference with the Clerk of District Court.

The judge or judicial referee assigned to your case will review this form. If you're required to submit any additional documents or attend a hearing, the District Court will notify you in writing.

1. The other state's order that was accepted for transfer in North Dakota is a (*choose one*):

☐ Guardianship (*also called a guardianship of the person*).

☐ Conservatorship (*also called a guardianship of the estate*).

☐ Guardianship and Conservatorship.

☐ Other (*describe*): _____

2. Review the other state's order for this guardianship and/or conservatorship and, using the checkboxes and spaces below, tell the North Dakota District Court the authority you have as guardian and/or conservator (*Paragraph 2 continues on Page 3 of 9*):

☐ The scope of the guardianship is (*checkmark this box if you are appointed the guardian in the other state's order. For each category listed below, checkmark ONLY one option*):

Full	Limited	None	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and/or training
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control of safety deposit box and contents
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Description of limited authority (*for each category you checkmarked "Limited," explain in detail how your authority is limited. Otherwise, type or write "doesn't apply"*):

Other authority not listed above (*explain in detail; otherwise type or write "doesn't apply"*):

What modifications to the guardianship authority listed above do you think you should have *(explain in detail; otherwise type or write “doesn’t apply”)*:

- ☐ The scope of the conservatorship is *(checkmark this box if you are appointed the conservator in the other state’s order. Explain your authority in detail, including any areas in which your authority is limited. Otherwise, type or write “doesn’t apply”)*:

What modifications to the authority listed above do you think you should have *(explain in detail; otherwise type or write “doesn’t apply”)*:

3. The following are unusual aspects of this guardianship and/or conservatorship about which the Court should be aware *(describe if any; otherwise type or write “doesn’t apply”)*:

INFORMATION ABOUT THE GUARDIANSHIP

4. (Choose one.)

- ☐ The other state's order is a Conservatorship ONLY. (Skip this "Information About the Guardianship" section and go to Page 6 of 9, "Information About the Conservatorship.")
- ☐ The other state's order includes Guardianship. (Complete all of the paragraphs in this "Information About the Guardianship" section.)

5. Does the other state's order limit the guardian's authority to place the ward in a mental health facility or state institution for more than forty-five days (choose one)?

- ☐ Yes at Page ____.
- ☐ No.
- ☐ I don't know.

6. Does the other state's order authorize the guardian to consent to involuntary treatment of the ward with prescribed medications (choose one)?

- ☐ Yes at Page ____.
- ☐ No.
- ☐ I don't know.

7. Select all of the following rights to which the other state's order specifically states the ward retains. If the other state's order does not specifically include any of the following rights, checkmark "None of the above":

- ☐ Vote.
- ☐ Seek to change marital status.
- ☐ Obtain or retain a motor vehicle operator's license.
- ☐ Use, own, control, or possess a firearm.
- ☐ None of the Above.
- ☐ I don't know or I am unable to determine.

8. Does the other state's order prohibit the guardian from using funds from the ward's estate for room and board which the guardian or the guardian's spouse, parent, or child have furnished the ward unless a charge for the service is approved by order of the court (*choose one*)?

☐ Yes at Page ____.

☐ No.

☐ I don't know.

9. Does the other state's order require the guardian to involve the ward, as much as possible, when making decisions about living arrangements, healthcare, and all other care (*choose one*):

☐ Yes at Page ____.

☐ No.

☐ I don't know.

10. Does the other state's order require that the guardian allow the ward as much freedom as possible using the least intervention possible and by intervening only when necessary for the safety of the ward or of other people (*choose one*).

☐ Yes at Page ____.

☐ No.

☐ I don't know.

11. Does the other state's order specifically find that the federal firearms restrictions under 18 U.S.C. § 922(d)(4)(g)(4) apply because the ward is a mental defective (*choose one*)?

☐ Yes at Page ____.

☐ No.

☐ I don't know.

12. (*Choose one.*)

☐ The most recent guardianship annual report that was filed with the other state court is filed with this form. The annual report was filed with the other state on _____ (*date*).

☐ A completed North Dakota guardianship annual report form is filed with this form.

INFORMATION ABOUT THE CONSERVATORSHIP

13. (Choose one.)

- ☐ The other state's order is a Guardianship ONLY. (Skip this "Information About the Conservatorship" section and go to Page 7 of 9, "Interested Persons.")
- ☐ The other state's order includes Conservatorship. (Complete all of the paragraphs in this "Information About the Conservatorship" section.)

14. Does the other state's order require bond from the conservator (choose one and complete the required information)?

- ☐ Yes. What is the amount of the bond? \$_____.
- ☐ No. If the other state's order states why bond was not required, explain below. Otherwise, type to write "no reason given."

☐ I don't know or I am unable to determine.

15. Does the other state's order require the conservator to involve the protected person, as much as possible, when making decisions (choose one):

- ☐ Yes at Page ____.
- ☐ No.
- ☐ I don't know.

16. Does the other state's order specifically state that the conservator at all times has the power, without court authorization or confirmation, to invest and reinvest funds of the estate as would a trustee (choose one)?

- ☐ Yes at Page ____.
- ☐ No.
- ☐ I don't know.

17. Does the other state's order specifically state that the conservator acts as a fiduciary and shall observe the standards of care applicable to trustees (*choose one*)?

☐ Yes at Page _____. ☐ No. ☐ I don't know.

18. Does the other state's order specifically find that the federal firearms restrictions under 18 U.S.C. §922(d)(4)(g)(4) apply because the protected person is a mental defective (*choose one*)?

☐ Yes at Page _____. ☐ No. ☐ I don't know.

19. (*Choose one.*)

☐ The most recent conservatorship annual report that was filed with the other state court is filed with this form. The annual report was filed with the other state on _____ (*date*).

☐ A completed North Dakota conservatorship annual report form is filed with this form.

GUARDIANSHIP/CONSERVATORSHIP INTERESTED PERSONS

20. (*List the ward/protected person, their living parents, their living spouse, co-guardians, co-conservator, and all persons listed in the other state's order entitled to notice.*)

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:	Relationship to Ward/Protected Person

21. I/We will shall provide a copy of this completed and signed form to the persons listed in Paragraph 19. I/We shall arrange for service as required under Section 30.1-28-09 of the North Dakota Century Code (N.D.C.C.) for guardianships and/or N.D.C.C. Section 30.1-29-05 for conservatorships.

22. I/We verify, under penalty of perjury under the law of North Dakota, that everything I/we stated in this Information About the Guardianship/Conservatorship Accepted for Transfer from Another State is true and correct.

(Guardian/Conservator completes.)

Signed on _____, in _____ County,
State of _____, Country of _____.

Guardian/Conservator Signature

Guardian/Conservator Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address: _____

(Co-Guardian Signature on Page 9 of 9.)

(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 _____, 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: _____