

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_,  
AN INCAPACITATED INDIVIDUAL**

**Case No.** \_\_\_\_\_

**LETTERS OF GUARDIANSHIP**

**Name of Ward:**

**Address:**

I/We accept the duties of guardian/co-guardians of the ward and will perform these duties according to law.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Co-Guardian Signature

**To:**

**Name of guardian/co-guardians:**

**Address:**

**Telephone:**

1. The district court appoints the guardian(s) listed above to be the guardian(s) of the indicated ward.
2. The guardian/co-guardians shall have the degree of authority indicated below to make decisions for the ward in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of Residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and/or training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<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

If the guardian's/co-guardians' authority as specified above is limited, the limitations are as follows: \_\_\_\_\_

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**3.** If co-guardians are appointed, the signature of one co-guardian:

☐ is sufficient to authorize any matter.

☐ is not sufficient authorization.

**4. These Letters take effect immediately and expire** \_\_\_\_\_.

BY THE COURT:

\_\_\_\_\_  
Judge of the District Court  
Judicial Referee of the District Court