

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

(Original) PETITIONER(S),
vs

(Original) RESPONDENT(S).

Case No. _____

**PETITION FOR TERMINATION OF
GUARDIANSHIP AND DISCHARGE
OF GUARDIAN/CO-GUARDIANS**
(Choose one:)

- Child is 18 Years of Age
- Adoption of Child
- Marriage of Child
- Death of Child

Name of guardian/co-guardians:

Address:

City:

State:

Zip:

Phone:

1. The guardian/co-guardians were appointed by Order of this Court on

_____, _____.

2. Under North Dakota Century Code Section 27-20.1-17(2), a guardian's/co-guardian's authority terminates upon the child's attainment of majority, adoption, marriage, or death.

3. The guardian's/co-guardians' authority terminated because the child (choose one):

- Is 18 years of age.
- Is adopted.
- Is married.
- Is deceased.

4. The guardian/co-guardians have performed all duties and responsibilities required by this Court's Order of Appointment.
5. The guardian/co-guardians seeks discharge from the obligations as guardian/co-guardians.
6. A supporting affidavit demonstrating the basis for termination of the guardianship and discharge of the guardian/co-guardians is filed with this petition and is incorporated by reference.
7. A complete final account of the financial matters handled for the child in conjunction with this guardianship is filed with this petition and is incorporated by reference.
8. The guardian/co-guardians request an Order of this Court confirming the termination of the guardianship and discharging the guardian/co-guardians.
9. The guardian/co-guardians request the court waive the hearing.
10. The guardian/co-guardians will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets as the court directs.
11. I verify that I have read the Petition and know the contents thereof. I declare, under penalty of perjury, under the law of North Dakota, that everything I stated in this Petition is true and correct, except as to matters stated therein upon information and belief as to those matters I state that I believe them to be true.

(Signatures on Page 3 of 3.)

(The guardian completes.)

Signed on this _____ day of _____, 20____ in _____
(County), _____ (State), _____ (Country).

Guardian Signature

Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

Email

(The co-guardian completes, if there is a co-guardian. Otherwise, leave blank).

Signed on this _____ day of _____, 20____ in _____
(County), _____ (State), _____ (Country).

Co-Guardian Signature

Co-Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

Email

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)
_____)
(Original) PETITIONER(S),)
vs)
_____) (child)
_____) (mother)
_____) (father)
_____)
(Original) RESPONDENT(S).)

Case No. _____

**AFFIDAVIT FOR TERMINATION OF
GUARDIANSHIP AND DISCHARGE
OF GUARDIAN/CO-GUARDIANS**
(Choose one:)

- Child is 18 Years of Age
- Adoption of Child
- Marriage of Child
- Death of Child

(If co-guardians, each guardian must complete their own affidavit).

I, _____ (name of guardian), state as

follows:

1. I am the guardian of _____ (child's name).

2. I was appointed guardian/co-guardian by Order of this Court dated

_____, _____.

3. The child (choose one; Paragraph 3 continues on Page 2 of 3):

Is 18 years of age.

(Choose one.)

A certified birth certificate is on file with the court.

A certified birth certificate is not on file with the court. A certified birth certificate is filed with the Petition for Termination of Guardianship and Discharge of Guardian.

A certified birth certificate is not on file with the court. A certified birth certificate is not available to accompany this petition because (explain):

Is adopted. The child was adopted on _____ (date) by _____ (name(s) of adoptive parents) in _____ (name of court and state or tribe).

Proof of notice of this Petition for Termination of Guardianship and Discharge of Guardian to the adoptive parents will be filed with the court.

Is married. A copy of the certified marriage certificate is filed with the Petition for Termination of Guardianship and Discharge of Guardian.

Is deceased. A copy of the certified certificate of death is filed with the Petition for Termination of Guardianship and Discharge of Guardian.

4. I have performed all duties and responsibilities required by this Court's Order of Appointment.

5. 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 this _____ day of _____, 20____ in _____ (County), _____ (State), _____ (Country).

Guardian Signature

Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____))
_____))
(Original) PETITIONER(S),)
))
vs))
))
_____) (child))
_____) (mother))
_____) (father))
_____))
(Original) RESPONDENT(S).)

Case No. _____

FINAL FINANCIAL ACCOUNTING

(Choose one:)

- Child is 18 Years of Age
- Adoption of Child
- Marriage of Child
- Death of Child

The following is a complete and accurate final accounting of financial matters which I/we have handled for the minor child since the date of my/our last annual report.

Report for the period from ___/___/___ to ___/___/___

1. Child's beginning checking account(s) balance: \$ _____

2. Income and deposits:

Wages/salary \$ _____

Social Security \$ _____

Pensions/annuities \$ _____

Investments \$ _____

Other, please describe:

_____ \$ _____

_____ \$ _____

Add total of all deposits \$ _____

3. Expenses and withdrawals:

Rent/mortgage	\$ _____
Utilities	\$ _____
Groceries/food	\$ _____
Phone	\$ _____
Cable TV/internet	\$ _____
Medical	\$ _____
Personal needs	\$ _____
Guardian/conservator fees	\$ _____
Legal/professional fees	\$ _____
Other, please describe:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtract total of all expenses/withdrawals \$ _____

4. Child's ending checking account(s) balance: \$ _____

5. Current asset listing:

Asset Description	Date Acquired if New	Value or Balance

6. **Assets disposed of since last report:** include the name of the person or company that received the asset, and the reasons for the disposal in the comments.

Asset Description and reason for disposal	Date of Disposal	Amount Received

7. **Mortgages, loans, creditors, other debt:**

Description	Value or Balance	Location

8. **Comments** on financial well-being and transactions. Include the reasons why assets were disposed of, or why new assets were received, and explain new debt. Summarize the financial decision-making assistance you have provided to the child. (Attach additional pages as needed.)

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

(The guardian completes).

Signed on this _____ day of _____, 20 ____, at _____
County, State of _____, Country of _____.

Guardian Signature

Guardian Printed Name

Address

City, State, Zip Code
Telephone Number: _____

(The co-guardian completes, if there is a co-guardian. Otherwise, leave blank).

Signed on this _____ day of _____, 20 ____, at _____
County, State of _____, Country of _____.

Co-Guardian Signature

Co-Guardian Printed Name

Address

City, State, Zip Code
Telephone Number: _____

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)
_____)
(Original) PETITIONER(S),)
)
vs)
)
_____) (child)
_____) (mother)
_____) (father)
_____)
(Original) RESPONDENT(S).)

Case No. _____

**NOTICE OF PETITION FOR
TERMINATION OF GUARDIANSHIP
AND DISCHARGE OF
GUARDIAN/CO-GUARDIANS**

(Choose one:)

- Child is 18 Years of Age
- Adoption of Child
- Marriage of Child
- Death of Child

TO: _____
(List names of parties to receive notice of petition)

1. A Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians of Child was filed on the ____ day of _____, 20____, with the Juvenile Court.

2. **YOU ARE HEREBY GIVEN NOTICE** that the Court will decide the Petition on the documents filed in the case. An in-court hearing is not scheduled.

3. If you **DO NOT** agree with the petition and you want the Court to schedule an in-court hearing, you **MUST** file a written objection and request for hearing within **TEN DAYS** of service of this Notice and copy of the Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardian. An Objection and Request for Hearing form is available at www.ndcourts.gov/legal-self-help. If you do not object, the Juvenile Court will make a decision on the appointment of a guardian based on the documents filed in the case and without an in-court hearing.

RIGHT TO HEARING BEFORE JUDGE

4. If a Judicial Referee will hear this Petition for Guardianship, you are entitled to have the Petition heard by a Judge of the Juvenile Court, instead of a Referee, by filing a written request for a Judge with the Clerk of this Court within seven (7) days after receiving this Summons.

RIGHT TO COUNSEL

5. A biological or legally adoptive parent has the right to be represented by legal counsel throughout this proceeding; if you wish to be represented by counsel and are indigent, legal counsel will be appointed for you. Contact the Juvenile Court, phone (701) _____, to request an application for indigent defense services.

BY THE COURT:

 Judge / Judicial Referee

STATE OF NORTH DAKOTA
COUNTY OF _____

IN JUVENILE COURT
_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)
_____)
(Original) PETITIONER(S),)
)
vs)
)
_____) (child)
_____) (mother)
_____) (father)
_____)
(Original) RESPONDENT(S).)

Case No.

**ORDER CONFIRMING
TERMINATION OF GUARDIANSHIP
AND DISCHARGING GUARDIAN/
CO-GUARDIANS**

(Choose one:)

- Child is 18 Years of Age
- Adoption of Child
- Marriage of Child
- Death of Child

On the petition of _____,
guardian/co-guardians of the above-named child, and there having been no objections to
termination of the guardianship and discharge of the guardian/co-guardians,

THE COURT FINDS:

1. The above named child:
 - Is 18 years of age.
 - Is adopted.
 - Is married.
 - Is deceased.

THEREFORE, THE COURT ORDERS:

2. The guardianship of the above-named child is terminated.
3. The guardian's/co-guardians' authority and responsibility as guardian/co-guardians are terminated and the guardian/co-guardians is/are discharged from the duties of guardianship.

4. The guardian/co-guardians provided a final report and inventory to the court and the final accounting is approved.

BY THE COURT:

Judge/Judicial Referee of the Juvenile Court

STATE OF NORTH DAKOTA

IN JUVENILE COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, DOB _____, A CHILD.

_____)

_____)

(Original) PETITIONER(S),)

vs. _____)

_____)

_____ (child))

_____ (mother))

_____ (father))

_____)

(Original) RESPONDENTS.)

Case No. _____

AFFIDAVIT OF SERVICE BY MAIL

(A separate affidavit is required for each person served.)

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 Juvenile Court Documents Served:

(Use "Other" to write the title of each document served that is not already listed.)

- Notice of Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians
- Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians
- Affidavit for Termination of Guardianship and Discharge of Guardian/Co-Guardians
- Final Financial Accounting
- Order Confirming Termination of Guardianship and Discharge of Guardian/Co-Guardians (Proposed)

Other: _____

3. Date and Post Office Location of Service by Mail:

Date Court Documents Were Served by Mail: _____

United States Post Office Location: _____
(City) (County) (State)

4. **Person Served by Mail:**

Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

5. **Service by Mail:** I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, securely enclosed in an envelope, by **First Class Mail**, postage prepaid, directed to the person listed in Paragraph 4.

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.

STATE OF _____)
COUNTY OF _____) ss.
COUNTRY OF _____)

Signed on this _____ day of _____, 20_____.

(Signature of Person Who Mailed Documents)

(Printed Name)

(Address)

(City, State, Zip Code)

Telephone Number: _____

Email: _____