

READ BEFORE FILLING OUT THE GUARDIANSHIP of MINOR FINAL REPORT

If you were appointed by a North Dakota District Court or a North Dakota Juvenile Court to be the guardian of a minor child (*under 18 years old*), and your authority has ended, you must complete and file a final report with the North Dakota Juvenile Court. The final report gives the Juvenile Court, the child and interested persons information regarding the exercise of the guardian's powers and the status of the child since the last annual report.

The Guardianship Final Report form is made up of two separate documents:

- 1) The Annual Wellbeing Report
- 2) The Annual Financial Report

Complete each document and file it with the Clerk of Court. If any question doesn't apply to your situation, **don't leave it blank**. Type or write "not applicable" or "N/A."

Remember to completely cross-out identification numbers from any attachments you submit with your completed annual report.

If your authority has ended because of one of the following reasons: the child turned 18 years old, was adopted, was married, or died; you must alert the Juvenile Court. You may use a form set at ndcourts.gov/legal-self-help/minor-guardianship to do so.

If your authority ended for any other reason, the court order terminating the guardianship will have the deadline for filing your final report.

If you're unsure how to proceed, consult a lawyer. Only a lawyer who has agreed to represent you can give you legal advice about how to proceed, and tell you about your options based on your circumstances.

Don't include this cover sheet when you serve or file the completed final report.

STATE OF NORTH DAKOTA

IN JUVENILE COURT

COUNTY OF _____

JUDICIAL DISTRICT

IN THE INTEREST OF _____, A CHILD

Case No. _____

JUVENILE GUARDIANSHIP FINAL REPORT

Child's address: _____

City, State Zip: _____

Child's age: _____ Phone number: _____

Guardian(s): _____

Address: _____

City, State Zip: _____

Phone and email: _____

To the above-named guardian(s):

The final report is due 60 days after termination of the guardianship, including automatic termination on the Child's 18th birthday. Please complete the forms below and file them with the Clerk of Court or an Order to Show Cause hearing may be scheduled. Attach additional pages as needed to fully report on the Child's estate and wellbeing. Fillable forms are available at ndcourts.gov/legal-self-help/minor-guardianship.

Mail a copy of the completed forms to the Child and interested persons.

JUVENILE GUARDIANSHIP FINAL WELLBEING REPORT

Report for the period from _____ / _____ / _____ **to** _____ / _____ / _____.

As a named guardian(s) for the above Child, I/we report for the period indicated as follows:

1. The Child’s name, address, and telephone number are correctly listed above.

2. Name and address of conservator, representative payee or other fiduciary, if applicable:

3. The Child lived with me: YES or NO
 - a) If no: name, address, and phone of person or agency with custody: _____

 - b) If no: the number of times in the past year I/we met with the Child (describe visitation):

4. Changes in the Child’s residence, care, or mental and physical condition since the last guardian’s report are: _____

5. *Answer if you have been given authority by the court to make legal decisions for the Child:*
I have exercised legal authority this year in these matters affecting the Child: _____

6. *Answer a through d if you have medical authority for the Child:*
 - a. The Child was last seen by a physician or psychologist: (name and date of last visit):

 - b. The Child was last seen by a dentist and eye doctor: (name and dates of last visits):

 - c. Medical treatment I/we have authorized or refused for the Child since last guardian’s report: _____

7. Answer if the child's parents retain visitation rights:

Nature and extent of contact and visitation between the parent(s) and the child:

8. During the past year, the child has participated in the following activities: (describe in general)

Education: _____

Recreation: _____

Social activities: _____

Occupation (if applicable): _____

Child refuses or none available: (explain) _____

9. Describe any other significant actions you have taken as guardian in the past year, or any other information that would be helpful for the Court to know about the Child's wellbeing:

10. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:

- Child on date: _____
- Child's attorney on date: _____
- Child's parents on date: _____
- Co-guardian or conservator on date: _____
- These interested persons: (list) on date: _____

11. I/we declare, under penalty of perjury under the law of North Dakota that the information contained in and attached to this Annual Report is true, complete and correct.

Guardian: _____

Signature: _____ Date: _____

City, State, and Country where signed: _____

Guardian: _____

Signature: _____ Date: _____

City, State, and Country where signed: _____

STATE OF NORTH DAKOTA

IN JUVENILE COURT

COUNTY OF _____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, A CHILD

Case No. _____

JUVENILE GUARDIANSHIP FINAL FINANCIAL ACCOUNTING

Address of Child: _____

City, State Zip: _____

Child's age: _____ Child's phone number: _____

Guardian(s) or Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

To the above-named guardian or conservator:

Please complete this report and attach additional pages as needed to fully report on the Child's financial wellbeing. *Please record any financial assistance you receive for the care of the Child.*

Fillable forms are available at ndcourts.gov/legal-self-help/minor-guardianship.

If the Social Security Administration or the Veterans Administration has appointed another party as a representative payee or fiduciary for those benefits, or if the Child has a trust or conservatorship, please include a copy of the payee's or fiduciary's report(s) that are completed on behalf of the Child. Complete this form for the assets that are in your control.

Mail a copy of the completed forms to the Child and interested persons.

ACCOUNTING FOR THE PERIOD from ____ / ____ / ____ to ____ / ____ / ____.

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

2. Funds received on behalf of the Child:

Child support \$ _____
 Social Security \$ _____
 Other (describe):
 _____ \$ _____
 _____ \$ _____

3. Total of all deposits: \$ _____

4. Expenses paid from the Child's estate:

Rent/Room and board \$ _____
 Education \$ _____
 Medical \$ _____
 Phone/cable/internet \$ _____
 Personal \$ _____
 Other (describe):
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

5. Total of all expenses: \$ _____

6. Child's ending spending account(s) balance:
 (Beginning balance, plus deposits, minus expenses) \$ _____

7. Current asset listing:

Asset Description	Date Acquired if New	Value or Balance

8. Assets disposed of since last report: (provide transaction details in the comments)

Asset Description	Date of Disposal	Amount Received

9. Mortgages, loans, creditors, other debt:

Description	Value or Balance	Location

10. Comments on income 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 you have done on behalf of the Child. If the Child is employed, describe their money management.

11. Upon termination of appointment, including when the Child reaches age 18, all assets and property shall be turned over to the Child or to the appropriate custodian.

On (date) _____ I/we surrendered titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate to the Child, who has reached majority (age 18); or to another custodian. If surrendered to another party, list party contact information: _____

12. *The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

- Child on date: _____
- Child's attorney on date: _____
- Child's parents on date: _____
- Co-guardian or conservator on date: _____
- These interested persons: (list) on date: _____

13. *I/we declare, under penalty of perjury under the law of North Dakota that the information contained in and attached to this Annual Report is true, complete and correct.*

Guardian/Conservator: _____
Signature: _____ Date: _____
City, State, and Country where signed: _____

Guardian/Conservator: _____
Signature: _____ Date: _____
City, State, and Country where signed: _____