STATE OF NORTH DAKOTA	IN JUVENILE COURT
COUNTY OF	JUDICIAL DISTRICT
IN THE INTEREST OF	, DOB, A CHILD.
PETITIONER(S), )  vs	Case No
(child) ) (mother) ) (father) )	PETITION FOR GUARDIANSHIP (Parents Deceased or Parental Rights Terminated)
RESPONDENTS. )	
TO THE ABOVE-NAMED JUVENILE COURT:	
Your Petitioner(s),	
(full name(s)), respectfully requests appointment of a gu	
the effect of the appointment to be as provided under S	
Century Code (N.D.C.C.). Further, I/we state to the cour	
Jurisdiction and Venue:	
1. This court has jurisdiction under N.D.C.C. Section	27-20.1-02; and this is the proper
venue because the child is not alleged to be a child in no	eed of protection and the child resides
in County.	
Petitioner's/Co-Petitioner's Information:	
2. I am the	(relationship)
of the above-named child.	(
I reside at:	
	_
(City, County, State, Zip Code)	
My telephone number is:	

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	$oldsymbol{\Box}$ (Choose if a co-petitioner and complete the following information.)
	I am the Co-Petitioner and I am the
(rela	tionship) of the above-named child.
	I reside at:
	(Address)
	(City, County, State, Zip Code)
	My telephone number is:
3.	I/We $\square$ have or $\square$ have not ( <i>choose one</i> ) participated, as a party, a witness, or in any
othe	r capacity, in any other proceeding concerning the custody of or visitation with the child. If
so, io	dentify the court, the case number, and the date of the child custody determination.
4.	I/We $\square$ know or $\square$ do not know ( <i>choose one</i> ) of any proceeding that could affect the
curre	ent proceeding, including proceedings for child support enforcement and proceedings
relat	ing to domestic violence protective orders, termination of parental rights, and adoptions.
If so,	identify the court, the case number, and the nature of the proceeding.
Chilo	d's Information:
5.	The child's full legal name is
	The child currently resides at:
	(Address)
	(City, County, State, Zip Code)
	The child's telephone number is:

6.	The child (choose one)	is is not currently under the care, custody or control of a
pers	on or entity. If a person or	entity currently has care, custody or control of the child:
	Name of Person or Enti	ty:
	Address:	
	City, State, Zip Code:	
	Telephone number(s):	
7.	The child's birthdate is	and the child is currently years of age.
A cei	rtified copy of the child's b	irth certificate (choose one):
	is available and	accompanies this petition.
	☐ is not available	to accompany this petition for the following reasons: ( <i>Provide</i>
		tition.)
8.	The child: (choose one)	
	is an Indian Child, a	s defined by the Indian Child Welfare Act.
		(list child's tribe(s))
	is not an Indian Chi	<b>d</b> , as defined by the Indian Child Welfare Act.
	may be an Indian C	<b>hild</b> , as defined by the Indian Child Welfare Act.
		(list child's possible tribe(s)
	Petitioner does not	have enough information to state if the Indian Child Welfare Act
	applies to the child.	
The I	Mother's Information:	
9.	The child's mother is: _	(full name).
10.	The child's mother was	born (birthdate).

11.	(Choose one)					
	The mother is deceased. Her date of death is	i				
	A copy of the mother's death certificate accompanie	es this petition.				
	The mother's parental rights over the child w	The mother's parental rights over the child were terminated by court order. Her				
	parental rights were terminated	rental rights were terminated (date) in				
	(name of court)	),	(county),			
	(state). A certified cop	y of the court order terr	minating			
	the mother's parental rights accompanies this petiti	ion.				
The F	Father's Information:					
	☐ There is more than one alleged or presumed father Additional Alleged or Presumed Fathers form is at Use Paragraphs 12 through 14 to complete the inf presumed father. For additional fathers, complete Presumed Fathers form.)	tached. (Choose if applic formation for the first alle e an Exhibit A: Additional	cable. eged or Alleged or			
12.	The child 's father is ( <i>choose one</i> ) $\square$ <b>known to be</b> , $\square$					
be:		(fu	ll name).			
13.	The child's father was born (birtho	date).				
14.	(Choose one)					
	☐ The father is deceased. His date of death is _					
	A copy of the father's death certificate accompanies	s this petition.				
	☐ The father's parental rights over the child we	re terminated by court or	rder. His			
	parental rights were terminated	( <i>date</i> ) in				
	(name of court)	),	(county),			
	(state). A certified cop	y of the court order term	minating			
	the father's parental rights accompanies this petition	on.				

# Other Persons with Claims for Parental Rights, Custody or Visitation:

15. Provide the names, last known addresses, and telephone numbers of any persons, other than the petitioner or listed parties, that may have a claim for parental rights, custody, or visitation rights to the child:

Name of person	Last Known Addres	s	Phone Number	Type of Claim (i.e. Parental Rights, Custody, Visitation)
(Choos	onal sheets are attach e if applicable and fili	I in the lette	er identifying the e	xhibit.)
Persons with whom the	Child Currently Lives	or Has Liv	ed:	
16. The child current	ly lives at the address	s listed in P	aragraph 5 of this	petition. The names,
relationship to the child,	and phone numbers	of the pers	sons with whom th	e child currently lives
are as follows (list persor	ns currently living wit	h the child)	:	
Name of Person		Relations	hip to Child	Phone Number
	onal sheets are attach e if applicable and fill in			t.)

17. The child has lived at the following places with the following people within the last five years (list the places the child has lived in the last five years):

Period yr - mo/yr)		of person the child ith and relationship	Address		Phone Number
	i.e., Jan	e Doe (Aunt)			
				_•	
(Choose	e if applic	able and fill in letter	ridentifying the	exhibit.)	
hild's Siblings or I	lalf-Sibli	ngs:			
The child: (choo	se one)				
☐ does not	: <b>have</b> an	ny siblings or half-s	iblings.		
has siblin	ngs or ha	lf-siblings. If the c	hild has sibling	gs or half-s	iblings, provide the
s of the siblings or	half-sib	lings and with who	om each curre	ntly lives.	
				-	Phone Number
	-	=		Addiessyr	none wamber
	Additi (Choose hild's Siblings or H The child: (choose does not has siblings or h softhe siblings or	Additional she (Choose if applic  The child: (choose one)  does not have ar  has siblings or ha	lived with and relationship   i.e., Jane Doe (Aunt)	Ived with and relationship i.e., Jane Doe (Aunt)  Additional sheets are attached as Exhibit (Choose if applicable and fill in letter identifying the hild's Siblings or Half-Siblings: The child: (choose one)  does not have any siblings or half-siblings.  has siblings or half-siblings. If the child has siblings of the siblings or half-siblings and with whom each currents Name, Relationship  Name of person with whom	Ilived with and relationship i.e., Jane Doe (Aunt)  Additional sheets are attached as Exhibit (Choose if applicable and fill in letter identifying the exhibit.)  hild's Siblings or Half-Siblings:  The child: (choose one)  does not have any siblings or half-siblings.  has siblings or half-siblings. If the child has siblings or half-siblings or half-siblings or half-siblings or half-siblings or half-siblings.  Name, Relationship  Name of person with whom  Address/F

Sibling Name, Relationship i.e., Jim Doe (Brother) (Half-Brother)		•	Name of person with whom the sibling or half-sibling lives	Address/Phone Number	
			ets are attached as Exhibiticable and fill in letter identifying	 g the exhibit.)	
Propo	sed Gu	ardian/Co-Guardia	ın Information:		
19.	I, the	Petitioner/Co-Petit	ioner, seek ( <i>select all that apply</i>	·):	
			nyself as guardian of the child.		
			nyself as co-guardian of the chilo uardian is the co-petitioner.)	d.	
20.	The o	ccupation of the pr	oposed guardian(s) is:		
21.	The p	roposed guardian(s	s) has the following qualification	s to serve as guardian/co-	
guard	lian:				

22. The following adult individuals reside with or may reside with the proposed guardian/co-guardian (list spouse, parents, adult children, adult siblings and any other adult who resides with or may reside with the proposed guardian): Name Relationship **Address Phone Number** ☐ Additional sheets are attached as Exhibit . (Choose if applicable and fill in letter identifying the exhibit.) 23. The following children reside with or may reside with the proposed guardian/coguardian (list any other children who reside with or may reside with the proposed guardian): Name Relationship **Address Phone Number** ☐ Additional sheets are attached as Exhibit . (Choose if applicable and fill in letter identifying the exhibit.)

## The Child's Assets and Anticipated income:

24. The child for whom the guardianship is sought has the following assets and anticipated income are (*list all assets and approximate valuations known to the petitioner including real property, personal property, and income. Attach a separate page containing assets, if necessary*):

Asset	Value
	\$
	\$
	\$
	\$
	\$
	\$
	\$
25. I/We believe a guardianship is in the child's best interests because why you believe a guardianship is in the child's best interest):	

(Paragraph 25 continues on next page.)

26.	I/We	have read the powers and duties of a guardian of a child under Section 27-20.1-15
of the	North	Dakota Century Code (N.D.C.C.) and (select all that apply):
		I, the Petitioner, am a fit and willing person to be appointed guardian.
		I, the Co-Petitioner, am a fit and willing person to be appointed co-guardian.
27.	I/We	acknowledge that, by accepting the appointment, a guardian submits personally to
the ju	risdictio	on of the court in any proceeding relating to the guardianship that may be
institu	ited by	any interested person, as is required under N.D.C.C. Section 27-20.1-14.
28.	I/We	acknowledge that the proposed guardian, and other adults residing with the
propo	sed gua	ardian and the child, must comply with a criminal history record investigation

- 29. I/We acknowledge that any person interested in the welfare of the child who opposes the appointment of the proposed guardian must file an objection to the appointment and a demand for hearing within ten days of the service of this petition.
- 30. I/We acknowledge that, if no objections are filed within ten days, the court may order the appointment of a guardian for the child without a hearing on review of the guardian ad litem's report.

under N.D.C.C. Chapter 50-11.3.

#### WHEREFORE, PETITIONER PRAYS:

- 31. That this Petition be ordered filed; that a Summons be issued thereon, and that the Petition be promptly heard;
- 32. That the court waive the hearing requirement because the child is not alleged to be a child in need of services and the parents are either deceased or have had their parental rights terminated by court order;
- 33. That the court, upon clear and convincing evidence, issue Findings of Fact;
- 34. That the court finds that guardianship is in the best interest of the child and the public; and
- 35. That the court, upon proof by clear and convincing evidence, issue an order appointing the proposed guardian or other order of disposition best suited to the treatment, rehabilitation, and welfare of the child.

### **NOTICE TO RESPONDENTS:**

36. If the Juvenile Court waives the in-person hearing requirement, any person interested in the welfare of the child who opposes the appointment of the proposed guardian must file a written objection to the appointment and a demand for hearing within ten days of service of this petition.

(The Petitioner completes.)	(The Co-Petitioner completes, if there is a copetitioner. Otherwise, leave blank.)
Dated, 20	Dated, 20
Petitioner Signature	Co-Petitioner Signature
Petitioner Printed Name	Co-Petitioner Printed Name
Petitioner Address	Co-Petitioner Address
Petitioner City, State, Zip Code	Co-Petitioner City, State, Zip Code
Petitioner Telephone Number	Co-Petitioner Telephone Number

## **VERIFICATION OF PETITIONER**

l,		(Petitioner's Name), state under		
penalty of perjury under the law	penalty of perjury under the law of North Dakota, that I am the Petitioner in the above-entitled			
action; that I have read the Petit	ion for Guardianship and kno	w the contents thereof and that		
the same is true, except as to ma	atters stated therein upon info	ormation and belief as to those		
matters I state that I believe the	m to be true.			
Signed on	( <i>Date</i> ), in	(City),		
	(County),	(Country).		
	(Signature of Petitioner)	)		
	(Printed Name of Petitic	oner)		
	ERIFICATION OF CO-PETITION if a co-petitioner, otherwise,			
l,		(Co-Petitioner's Name), state		
under penalty of perjury under t	he law of North Dakota, that	am the Petitioner in the above-		
entitled action; that I have read	the Petition for Guardianship	and know the contents thereof		
and that the same is true, excep	t as to matters stated therein	upon information and belief as to		
those matters I state that I belie	ve them to be true.			
Signed on	( <i>Date</i> ), in	(City),		
	(County),	(Country).		
	(Signature of Co-Petition	ner)		
	(Printed Name of Co-Pe	titioner)		

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