STATE OF NORTH DAKOTA	IN JUVENILE COURT
COUNTY OF	JUDICIAL DISTRICT
IN THE INTEREST OF	, DOB, A CHILD.
)) Case No
PETITIONER(S),)
(child)(mother)(father)RESPONDENTS.) PETITION FOR GUARDIANSHIP (Child in Need of Protection Alleged)))
TO THE ABOVE-NAMED JUVENILE COURT:	
Your Petitioner(s),	
(full name(s)), respectfully requests appointment	of a guardian for the above-named child with
the effect of the appointment to be as provided up	nder Section 27-20.1-13 of the North Dakota
Century Code (N.D.C.C.). Further, I/we state to the	e court:
Jurisdiction and Venue:	
1. This court has jurisdiction under N.D.C.C. S	ection 27-20.1-02; and this is the proper
venue because the child is alleged to be a child in	need of protection and (select all that apply):
☐ The child was present in	County, North Dakota, when
the proceeding commenced.	
☐ The child has resided for the majority of	the thirty days before the alleged need for
protection occurred in	County, North Dakota.
☐ The alleged need for protection occurred	d in County,

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Petiti	ioner's/Co-Petitioner's Information:
2.	I am the Petitioner and I am the
(relat	tionship) of the above-named child.
	I reside at:
	(Address)
	(City, County, State, Zip Code)
	My telephone number is:
	$egin{array}{c} \Box$ (Choose if a co-petitioner and complete the following information.)
	I am the Co-Petitioner and I am the
(relat	tionship) of the above-named child.
	I reside at:
	(Address)
	(City, County, State, Zip Code)
	My telephone number is:
3.	I/We I have or I have not (choose one) participated, as a party, a witness, or in any
other	r capacity, in any other proceeding concerning the custody of or visitation with the child. I
so, id	lentify the court, the case number, and the date of the child custody determination.
4.	I/We know or do not know (choose one) of any proceeding that could affect the
curre	ent proceeding, including proceedings for child support enforcement and proceedings
relati	ng 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.
_	

Child'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: The child (choose one) is is not currently under the care, custody or control of a 6. person or entity. If a person or entity currently has care, custody or control of the child: Name of Person or Entity: Address: City, State, Zip Code: _____ Telephone number(s): The child's birthdate is _____ and the child is currently ____ years of age. 7. A certified copy of the child's birth certificate (choose one): is available and accompanies this petition. is not available to accompany this petition for the following reasons (provide explanation showing good cause as to why a certified copy of the child's birth certificate is not available to accompany the petition): 8. The child: (choose one) is an Indian Child, as defined by the Indian Child Welfare Act. (list child's tribe(s)) is not an Indian Child, as defined by the Indian Child Welfare Act. may be an Indian Child, as defined by the Indian Child Welfare Act.

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applies to the child.

Petitioner does not have enough information to state if the Indian Child Welfare Act

(list child's possible tribe(s))

The Mother's Information: 9. The child's mother is: ______ (full name), whose last known address and telephone number are: Address: ______ City, State, Zip Code: Telephone number(s): If the last known address and phone number of the mother are not known, provide detailed information describing the efforts made to locate her: The Father's Information: 10. The child 's father is (*choose one*) \square **known to be**, \square **alleged to be**, or \square **presumed to** be: _____ (full name), whose last known phone number and address are: Address: ____ City, State, Zip Code: Telephone number(s): If the last known address and phone number of the father are not known, provide detailed information describing the efforts made to locate him: ______ ☐ There is more than one alleged or presumed father. A completed Exhibit A: Additional Alleged or Presumed Fathers form is attached. (Choose if applicable and

complete an Exhibit A: Additional Alleged or Presumed Fathers form.)

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

11. 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 Address	Phone Number	Type of Claim (i.e. Parental Rights,
			Custody, Visitation)
□vqqi	tional sheets are attached as	Evhihit	

☐ Additional sheets are attached as Exhibit _____.

(Choose if applicable and fill in the letter identifying the exhibit.)

Persons with whom the Child Currently Lives or Has Lived:

12. The child currently lives at the address listed in Paragraph 5 of this petition. The names, relationship to the child, and phone numbers of the persons with whom the child currently lives are as follows (*list persons currently living with the child*):

Name of Person	Relationship to Child	Phone Number

Name	of Perso	n		Rela	ationship to Child	Phone Number
		Additio	nal sheets are attach	ned a	s Exhibit .	
		(Choos	e if applicable and fil	l in th	ne letter identifying the e	xhibit.)
13.	مانطم مط	مينا ممال	d at the faller income			
					with the following people	e within the last live
, ,		aces tne	child has lived in the		, ,	
Time P (mo/yr -			Name of person the chi lived with and relations		Address	Phone Number
	2016 – 06	/2017	i.e., Jane Doe (Aunt)			
		7			= 1 11 11	
	Ĺ		nal sheets are attach		s Exnibit tter identifying the exhibi	it.)
		•				,
The Chil	ld's Sibli	ngs or H	alf-Siblings:			
14.	The child	d (choose	one):			
Į	_ d	loes not	have any siblings or h	nalf-s	iblings.	
Į	_ h	as siblin	gs or half-siblings. If	the c	hild has siblings or half-s	iblings, provide the
names c			_		om each currently lives.	

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	_	e, Relationship other) (Half-Brother)	Name of person with whom the sibling or half-sibling lives	Address/Phone Number
Pron	osed Gu		ets are attached as Exhibiticable and fill in letter identifying	 g the exhibit.)
15.		-	tioner, seek (select all that apply) :
		appointment of r	myself as guardian of the child.	,
			myself as co-guardian of the child dian is the co-petitioner.)	d.
16.	The o	ccupation(s) of the	proposed guardian(s) is:	
17. guard			s) has the following qualification	

18. The following individuals reside with or may reside with the proposed guardian/coguardian (list spouse, parents, adult children, adult siblings and any other adult who resides with or may reside with the proposed guardian/co-guardian):

Name	Relationship	Address	Phone Number

19. 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/coguardian.)

Name of Child	Relationship	Address	Phone Number

Name of Child	Relationship	Address	Phone Numb
☐ Ad	ditional sheets are a	ttached as Exhibit	·
(Ch	noose if applicable ar	nd fill in letter identifying	the exhibit.)
The Child's Assets a	and Anticipated inco	me:	
	•		llowing assets and anticinate
zo. The child for	whom the guardian	ship is sought has the fo	llowing assets and anticipate
			the petitioner including real
		nate valuations known to r. Attach a separate pag	_
property, personal p			_
property, personal p			_
property, personal p	property, and income		e containing assets, if
property, personal p	property, and income		e containing assets, if Value
property, personal p	property, and income		e containing assets, if Value
property, personal p	property, and income		value \$
property, personal p	property, and income		value \$ \$ \$
property, personal p	property, and income		value \$ \$ \$ \$
property, personal p	property, and income		value \$ \$ \$ \$ \$
property, personal p	property, and income		value \$ \$ \$ \$ \$ \$
	property, and income		value \$ \$ \$ \$ \$ \$ \$ \$

21. I/We believe the child is in need of protection, as defined under Section 27-20.1-01 of	of			
the North Dakota Century Code (N.D.C.C.), and a guardianship is in the child's best interests				
because (list facts establishing why you believe the child is a child in need of protection and a				
guardianship is in the child's best interest):				

22.	I/We believe it is in the child's best interests that the parents have the following
parer	nting time, contact, and information while the guardianship is in effect:
23.	I/We have read the powers and duties of a guardian of a child under Section 27-20.1-15
of the	e 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.
24.	I/We acknowledge that, by accepting the appointment, a guardian submits personally to
the ju	risdiction of the court in any proceeding relating to the guardianship that may be
instit	uted by any interested person, as is required under N.D.C.C. Section 27-20.1-14.
25.	I/We acknowledge that the proposed guardian, and other adults residing with the
prop	osed guardian and the child, must comply with a criminal history record investigation

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

WHEREFORE, PETITIONER PRAYS:

- 26. That this Petition be ordered filed; that a Summons be issued thereon, and that the Petition be promptly heard;
- 27. That the court, upon clear and convincing evidence, issue Findings of Fact;
- 28. That the court finds that guardianship is in the best interest of the child and the public; and
- 29. 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:

30. 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/coguardian 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 co petitioner. 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

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VERIFICATION OF PETITIONER

l,	(Petitioner's Name), state under		
penalty of perjury under the law of I	North Dakota, that I am the Petiti	oner in the above-entitled	
action; that I have read the Petition	for Guardianship and know the c	ontents thereof and that	
the same is true, except as to matte	rs stated therein upon informatic	on and belief as to those	
matters I state that I believe them to	be true.		
Signed on	(<i>Date</i>), in (<i>City</i>),		
	_ (County),	(Country).	
	(Signature of Petitioner)		
	(Printed Name of Petitioner)		
	FICATION OF CO-PETITIONER co-petitioner, otherwise, leave bi	lank.)	
l,	(Со-Ре	titioner's Name), state	
under penalty of perjury under the I	aw of North Dakota, that I am the	e Petitioner in the above-	
entitled action; that I have read the	Petition for Guardianship and kno	ow the contents thereof	
and that the same is true, except as	to matters stated therein upon ir	nformation and belief as to	
those matters I state that I believe the	hem to be true.		
Signed on	(<i>Date</i>), in	(City),	
	_ (County),	(Country).	
	(Signature of Co-Petitioner)		
	(Printed Name of Co-Petitioner)		

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