

5. The known real and personal property of the proposed ward consists of
(Description of Property) (Approximate Value)

6. The proposed ward's income consists of (Source & Amount):

7. Name of Proposed Guardian: _____

8. Occupation of Proposed Guardian: _____

9. Qualifications of proposed Guardian: _____

10. List priority of the proposed guardian: _____

11. If not first in priority, it is in the bests interest of the proposed ward that _____
_____ be appointed guardian because: _____

12. The petitioner has reviewed the alternatives to a guardian, and believes that no alternative to this appointment such as, nurses assistance, home makers, personal attendants and adult day care will be successful because: _____

13. The petitioner requests that the guardian shall have the degree of authority indicated to make decisions for the ward in the following areas:

Full	Limited	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of Residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long term care facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental health facility, state institution, or secured unit of a long term care facility placement
<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

14. The petitioner requests that the proposed ward NOT retain the right to:

<input type="checkbox"/>	Vote	<input type="checkbox"/>	Obtain or retain a drivers license
<input type="checkbox"/>	Seek to change marital status	<input type="checkbox"/>	Testify in any judicial or administrative proceeding.

15. Name and address of attorney who last represented the proposed ward:

16. The proposed ward:

is able to appear at the hearing

is not able to appear at the hearing. If unable, the proposed ward cannot appear

because: _____

17. For the benefit of the proposed ward, the hearing **should** **should not** be held at a place other than the courthouse. If at a place other than the courthouse, explain and propose alternative location for hearing: _____

18. The cost of this proceeding should be paid by: _____

The Petitioner requests the following:

That a hearing be held on this Petition and that the Court appoint the above Indicated person as guardian for the proposed ward with limitations as set forth above;

That the Court appoint a physician or clinical psychologist to examine the proposed ward, and a visitor to interview the proposed ward and proposed guardian; and that the cost of the guardianship proceeding be paid as indicated.

Dated

Signature of Petitioner

VERIFICATION

State of North Dakota)
)ss
County of _____)

_____, being duly sworn, states as follows:
That (he/she/they) (is/are) the petitioner(s) in the foregoing document; that (he/she/they) (has/have) read the petition and the facts stated are true to the best of the petitioner's knowledge.

Petitioner

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Seal)

Notary Public/My Commission Expires:

The following information is needed in for you to file a Civil Action. We must know this information in order to begin a file on your case. We need to know how to reach you and the Opposing party for purpose of court hearing dates, verbal communication related to your case and for purpose of locating the parties for service of legal documents. YOU MUST PROVIDE THIS INFORMATION. Without this information provided, we cannot proceed with your case.

CIVIL INFORMATION SHEET

Plaintiff/Petitioner

Name: _____

Place of Residence: (District and/or Unit #): _____

Current Mailing Address: _____

Home Phone Number and Cell Phone Number: _____

Place of Employment: _____

Work Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Do you have an Attorney? If so, Name and Address: _____

Defendant/Respondent:

Name: _____

Place of Residence: (District and/or Unit Number): _____

Current Mailing Address: _____

Home Phone Number and Cell Number: _____

Place of Employment: _____

Work Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Do you have an Attorney? If so, Name and Address: _____
