

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN INCAPACITATED INDIVIDUAL**

Case No. _____

LETTERS OF GUARDIANSHIP

Name of ward:

Address:

I/We accept the duties of guardian/co-guardians of the ward and will perform these duties according to law.

Dated _____.

Guardian

Co-Guardian

To:

Name of guardian/co-guardians:

Address:

Telephone:

The district court appointed this/these guardian/co-guardians to be the successor guardian/co-guardians of the indicated ward.

The guardian/co-guardians shall have the degree of authority indicated below to make decisions for the ward in the following areas:

- | <u>Full</u> | <u>Limited</u> | <u>None</u> | |
|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Place of residence |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vocation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal matters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial matters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education and training |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access to and control and disposition of safety deposit box and contents. |

If the guardian's/co-guardians' authority as specified above is limited, the limitations are as follows:

If co-guardians/ add this language: The signature of one co-guardian is/ is not sufficient to authorize any matter.

These Letters take effect immediately and expire _____.

BY THE COURT:

Judge of the District Court