

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED INCAPACITATED INDIVIDUAL

Case No. _____

GUARDIAN AD LITEM'S REPORT

Name of proposed Ward:

Address:

Age:

Name of Guardian ad Litem:

ND Bar ID#:

Address:

Telephone number:

Email Address:

Date of hearing:

Place of hearing:

1. I have been appointed by the court as guardian ad litem and will advocate for the best interests of the proposed Ward at the hearing to be held on the above listed date.

2. I have explained this guardianship proceeding to the proposed Ward, describing the nature and consequences of the proceeding, the proposed ward's rights, and the proposed Ward's available legal options, including the right to retain an attorney to represent the proposed Ward.

3. The proposed Ward **does** **does not** need a guardian because (*Paragraph 3 continues on next page*):

(Paragraph 3, continued.)

4a. I recommend that the proposed guardian be granted the degree of authority indicated to make decisions for the proposed 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"/>	Long term care facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured unit at a long-term care facility, state institution, or mental health facility placement
<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"/>	Involuntary treatment with prescribed mood stabilizers or antipsychotic medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents

(Paragraph 4, continued.)

4b. The Guardian ad Litem must explain the reasons for recommendations under Paragraph

4a. The reasons for each of my recommendations are:

Place of residence:

Long term care facility placement:

Secured unit at a long-term care facility, state institution, or mental health facility placement:

Legal matters:

Financial matters:

Education and training:

(Paragraph 4, continued.)

Medical treatment:

Involuntary treatment with prescribed mood stabilizers or antipsychotic medications:

Access to and control and disposition of safety deposit box and contents:

4c. If a limited degree of authority is recommended in Paragraph 4a, the following limitations are proposed:

5. I recommend that the proposed Ward **retain** **not retain** the right to:

- vote
- seek to change marital status
- obtain or retain a motor vehicle operator's license
- use, own, control, or possess firearms
- other (please specify):

6. The proposed Ward **is able** **is not able** to attend the hearing at the courthouse physically or by reliable electronic means because:

7. For the benefit of the proposed Ward, the hearing **should** **should not** be held at a place other than the courthouse because *(if recommending an alternate location, include your proposed location)*:

8. The response of the proposed Ward to the petition is:

9. The proposed Ward has the following wishes that are not in the proposed Ward's best interests:

10. I have the following observations regarding the appropriateness of the proposed guardian(s):

Dated _____.

Guardian ad Litem's Signature

Guardian ad Litem's Printed Name

ND Bar ID#

Address

City, State, Zip Code

Telephone Number

Email Address

THIS REPORT MUST BE RETURNED TO THE COURT AT LEAST (5) DAYS BEFORE THE HEARING.