

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED INCAPACITATED INDIVIDUAL

PETITION FOR EX PARTE APPOINTMENT OF AN EMERGENCY GUARDIAN – PENDING HEARING

Case No. _____

Name of alleged incapacitated individual:

Age:

Address:

Name of Petitioner(s):

Address:

Corporate or agency status:

Relationship to alleged incapacitated individual:

The Petitioner(s) states to the court as follows:

1. The information listed above pertaining to the alleged incapacitated individual and the Petitioner(s) is accurate.
2. The ex parte appointment of an emergency guardian before a hearing on the appointment can be held is necessary because substantial harm will likely occur to the alleged incapacitated individual's health, safety, or welfare and no other person appears to have authority or willingness to act in the circumstances. The nature of the substantial harm is:

(Paragraph 2, Continued)

3. The following person(s) currently has/have care or custody of the alleged incapacitated individual:

4. Name of attorney for alleged incapacitated individual:

5. Name of proposed emergency guardian/co-guardians:

6. Occupation of proposed emergency guardian/co-guardians:

7. Qualifications of proposed emergency guardian/co-guardians:

8. The Petitioner(s) request(s) that the emergency guardian/co-guardians shall have the degree of authority indicated to make decisions for the alleged incapacitated individual 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"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents.

9. The cost of this proceeding should be paid by the estate of the alleged incapacitated individual to the extent funds are available then by petitioners.

10. If the Court appoints the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual, the Petitioner will arrange for notice of the appointment to the alleged incapacitated individual and the individual's spouse, if any, within forty-eight hours after the appointment.

11. The Petitioner requests the following:

a. The Court appoint the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual with limitations as set forth above, pending a hearing on the appropriateness of the appointment;

b. The Court schedule a time and place for a hearing on the appropriateness of the appointment within ten days after the appointment;

c. A guardian ad litem be appointed to advocate for the best interests of the alleged incapacitated individual; and

d. The cost of this ex-parte emergency guardianship proceeding be paid for as indicated.

12. I declare, under penalty of perjury under the law of North Dakota, that everything in this Petition is true and correct.

Signed on _____ in _____ (city),
_____ County, _____ (state), _____ (country).

Petitioner Signature

Petitioner Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____

(Use for co-petitioner. If no co-petitioner, write "N/A" on signature line.)

Signed on _____ in _____ (city),
_____ County, _____ (state), _____ (country).

Co-Petitioner Signature

Co-Petitioner Printed Name

Address

City, State, Zip Code

Telephone Number: _____

Email Address: _____