

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP/CONSERVATORSHIP OF**

\_\_\_\_\_  
**AN INCAPACITATED INDIVIDUAL/PROTECTED PERSON**

Case No. \_\_\_\_\_

**PETITION TO TRANSFER  GUARDIANSHIP/ CONSERVATORSHIP  
FROM NORTH DAKOTA TO ANOTHER STATE**

Name of guardian/co-guardians:

Name of conservator/co-conservators:

Address:

City:

State:

Zip:

Phone:

1.  I am/ We are the  guardian/co-guardians  conservator/co-conservators for the ward/protected person.  I/ We petition this Court to transfer the  guardianship/ conservatorship to \_\_\_\_\_ (*County and State*) under Section 28-35-15 of the North Dakota Century Code (N.D.C.C.).

2. The ward/protected person is eighteen (18) years of age or older.

3.  I was/ We were appointed  guardian/co-guardians  conservator/co-conservators by Order of this Court dated \_\_\_\_\_, 20\_\_\_\_.

4. The date of the most recent order of guardianship/conservatorship of this Court is \_\_\_\_\_, 20\_\_\_\_\_.

5. *(Check and complete all that apply.)*

Letters of Guardianship expire on \_\_\_\_\_, 20\_\_\_\_\_.

Letters of Conservatorship expire on \_\_\_\_\_, 20\_\_\_\_\_.

6. *(Check and complete all that apply.)*

The scope of the guardianship is:

Full	Limited	None	
<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 <i>(if full authority given, includes authority to consent to involuntary treatment with prescribed medications.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents.

The scope of the conservatorship is: *(Explain)*

7. The ward/protected person:

*(The guardian and/or conservator checks the box below that applies.)*

is physically present in the other state; **or**

will move to the other state.

*(The box below is **only** for the conservator to check if it applies.)*

The ward/protected person has significant connections to the other state.

8. Date of Move:

Proposed Address:

City:

State:

Zip Code:

Reason for move **or**, if a conservatorship, significant connections to other state (*attach additional pages as needed*):

9. There are reasonable and sufficient plans for care, services, and/or management of the ward's/protected person's property in the other state. Explain the reasonable and sufficient plans (*attach additional pages as needed*):

10. Petitioner reasonably believes the guardianship/conservatorship will be accepted by the court in the other state.

11. I/We request the following:

a. Issue a provisional order granting this petition to transfer guardianship/conservatorship; and

b. After the other state has ruled to accept the transfer, issue a final order confirming the transfer and terminating the North Dakota guardianship/conservatorship.

12.  I will/We will provide this Petition to persons entitled to notice under North Dakota Century Code Section 30.1-28-09 and/or Section 30.1-29-05.

13. The persons entitled to notice are as follows: *(Attach additional pages as needed.)*

Name of Ward/Protected Person, Ward's/Protected Person's Attorney (if any), Ward's/Protected Person's Parents (if any), Ward's/Protected Person's Spouse (if any), Ward's/Protected Person's Co-Guardian/Co-Conservator (if any), and Interested Persons Entitled to Notice:	Relationship to Ward/Protected Person

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

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_ (city) \_\_\_\_\_ County, \_\_\_\_\_ (state).

\_\_\_\_\_  
Guardian/Conservator Signature

\_\_\_\_\_  
Guardian/Conservator Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(If there is a Co-Guardian/Co-Conservator, the Co-Guardian/Co-Conservator completes.  
Otherwise, write "No Co-Guardian/Co-Conservator" on the signature line.)*

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in  
\_\_\_\_\_ (city) \_\_\_\_\_ County, \_\_\_\_\_ (state).

\_\_\_\_\_  
Co-Guardian/Co-Conservator Signature

\_\_\_\_\_  
Co-Guardian/Conservator Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_