

Petitioner's/Co-Petitioner's Information:

2. I am the Petitioner and I am the _____
(*relationship*) of the above-named child.

I reside at: _____
(*Address*)

(*City, County, State, Zip Code*)

My telephone number is: _____

(*Choose if a co-petitioner and complete the following information.*)

I am the Co-Petitioner and I am the _____
(*relationship*) of the above-named child.

I reside at: _____
(*Address*)

(*City, County, State, Zip Code*)

My telephone number is: _____

3. I/We **have** or **have not** (*choose one*) participated, as a party, a witness, or in any other capacity, in any other proceeding concerning the custody of or visitation with the child. If so, identify the court, the case number, and the date of the child custody determination.

4. I/We **know** or **do not know** (*choose one*) of any proceeding that could affect the current proceeding, including proceedings for child support enforcement and proceedings relating to domestic violence protective orders, termination of parental rights, and adoptions. If so, identify the court, the case number, and the nature of the proceeding.

Child's Information:

5. The child's full legal name is _____.

The child currently resides at: _____
(Address)

(City, County, State, Zip Code)

The child's telephone number is: _____

6. The child (choose one) is is not currently under the care, custody or control of a person or entity. If a person or entity currently has care, custody or control of the child:

Name of Person or Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone number(s): _____

7. The child's birthdate is _____ and the child is currently _____ years of age.

A certified copy of the child's birth certificate (choose one):

is available and accompanies this petition.

is not available to accompany this petition for the following reasons (provide explanation showing good cause as to why a certified copy of the child's birth certificate is not available to accompany the petition): _____

8. The child: (choose one)

is an Indian Child, as defined by the Indian Child Welfare Act.

_____ (list child's tribe(s))

is not an Indian Child, as defined by the Indian Child Welfare Act.

may be an Indian Child, as defined by the Indian Child Welfare Act.

_____ (list child's possible tribe(s))

Petitioner does not have enough information to state if the Indian Child Welfare Act applies to the child.

The Mother's Information:

9. The child's mother is: _____ (full name),
whose last known address and telephone number are:

Address: _____

City, State, Zip Code: _____

Telephone number(s): _____

If the last known address and phone number of the mother are not known, provide detailed information describing the efforts made to locate her: _____

The Father's Information:

10. The child's father is (choose one) known to be, alleged to be, or presumed to be: _____ (full name),

whose last known phone number and address are:

Address: _____

City, State, Zip Code: _____

Telephone number(s): _____

If the last known address and phone number of the father are not known, provide detailed information describing the efforts made to locate him: _____

There is more than one alleged or presumed father. A completed Exhibit A: Additional Alleged or Presumed Fathers form is attached. (Choose if applicable and complete an Exhibit A: Additional Alleged or Presumed Fathers form.)

Other Persons with Claims for Parental Rights, Custody or Visitation:

11. Provide the names, last known addresses, and telephone numbers of any persons, other than the petitioner or listed parties, that may have a claim for parental rights, custody, or visitation rights to the child:

Name of person	Last Known Address	Phone Number	Type of Claim (i.e. Parental Rights, Custody, Visitation)

Additional sheets are attached as Exhibit _____.
(Choose if applicable and fill in the letter identifying the exhibit.)

Persons with whom the Child Currently Lives or Has Lived:

12. The child currently lives at the address listed in Paragraph 5 of this petition. The names, relationship to the child, and phone numbers of the persons with whom the child currently lives are as follows (*list persons currently living with the child*):

Name of Person	Relationship to Child	Phone Number

Name of Person	Relationship to Child	Phone Number

Additional sheets are attached as Exhibit _____.
 (Choose if applicable and fill in the letter identifying the exhibit.)

13. The child has lived at the following places with the following people within the last five years (list the places the child has lived in the last five years):

Time Period (mo/yr - mo/yr) i.e., 01/2016 – 06/2017	Name of person the child lived with and relationship i.e., Jane Doe (Aunt)	Address	Phone Number

Additional sheets are attached as Exhibit _____.
 (Choose if applicable and fill in letter identifying the exhibit.)

The Child’s Siblings or Half-Siblings:

14. The child (choose one):

- does not have** any siblings or half-siblings.
- has** siblings or half-siblings. If the child has siblings or half-siblings, provide the

names of the siblings or half-siblings and with whom each currently lives.

Sibling Name, Relationship i.e., Jim Doe (Brother) (Half-Brother)	Name of person with whom the sibling or half-sibling lives	Address/Phone Number

Additional sheets are attached as Exhibit _____.
(Choose if applicable and fill in letter identifying the exhibit.)

Proposed Guardian/Co-Guardian Information:

15. I, the Petitioner/Co-Petitioner, seek (select all that apply):

- appointment of myself as guardian of the child.
(If proposed guardian is the petitioner.)
- appointment of myself as co-guardian of the child.
(If proposed guardian is the co-petitioner.)

16. The occupation(s) of the proposed guardian(s) is: _____

_____.

17. The proposed guardian(s) has the following qualifications to serve as guardian/co-guardian: _____

_____.

18. The following individuals reside with or may reside with the proposed guardian/co-guardian (*list spouse, parents, adult children, adult siblings and any other adult who resides with or may reside with the proposed guardian/co-guardian*):

Name	Relationship	Address	Phone Number

Additional sheets are attached as Exhibit _____.
(Choose if applicable and fill in letter identifying the exhibit.)

19. The following children reside with or may reside with the proposed guardian/co-guardian: (*List any other children who reside with or may reside with the proposed guardian/co-guardian.*)

Name of Child	Relationship	Address	Phone Number

Name of Child	Relationship	Address	Phone Number

Additional sheets are attached as Exhibit _____.
(Choose if applicable and fill in letter identifying the exhibit.)

The Child's Assets and Anticipated income:

20. The child for whom the guardianship is sought has the following assets and anticipated income are: *(List all assets and approximate valuations known to the petitioner including real property, personal property, and income. Attach a separate page containing assets, if necessary.)*

Asset	Value
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Additional sheets are attached as Exhibit _____.
(Choose if applicable and fill in letter identifying the exhibit.)

WHEREFORE, PETITIONER PRAYS:

- 26. That this Petition be ordered filed; that a Summons be issued thereon, and that the Petition be promptly heard;
- 27. That the court, upon clear and convincing evidence, issue Findings of Fact;
- 28. That the court finds that guardianship is in the best interest of the child and the public; and
- 29. That the court, upon proof by clear and convincing evidence, issue an order appointing the proposed guardian or other order of disposition best suited to the treatment, rehabilitation, and welfare of the child.

NOTICE TO RESPONDENTS:

- 30. **If the Juvenile Court waives the in-person hearing requirement, any person interested in the welfare of the child who opposes the appointment of the proposed guardian/co-guardian must file a written objection to the appointment and a demand for hearing within ten days of service of this petition.**

(The Petitioner completes.)

(The Co-Petitioner completes, if there is a co-petitioner. Otherwise, leave blank.)

Dated _____, 20____.

Dated _____, 20____.

Petitioner Signature

Co-Petitioner Signature

Petitioner Printed Name

Co-Petitioner Printed Name

Petitioner Address

Co-Petitioner Address

Petitioner City, State, Zip Code

Co-Petitioner City, State, Zip Code

Petitioner Telephone Number

Co-Petitioner Telephone Number

VERIFICATION OF PETITIONER

I, _____ (*Petitioner's Name*), state under penalty of perjury under the law of North Dakota, that I am the Petitioner in the above-entitled action; that I have read the Petition for Guardianship and know the contents thereof and that the same is true, except as to matters stated therein upon information and belief as to those matters I state that I believe them to be true.

Signed on _____ (*Date*), in _____ (*City*),
_____ (*County*), _____ (*Country*).

(*Signature of Petitioner*)

(*Printed Name of Petitioner*)

VERIFICATION OF CO-PETITIONER

(*Complete if a co-petitioner, otherwise, leave blank.*)

I, _____ (*Co-Petitioner's Name*), state under penalty of perjury under the law of North Dakota, that I am the Petitioner in the above-entitled action; that I have read the Petition for Guardianship and know the contents thereof and that the same is true, except as to matters stated therein upon information and belief as to those matters I state that I believe them to be true.

Signed on _____ (*Date*), in _____ (*City*),
_____ (*County*), _____ (*Country*).

(*Signature of Co-Petitioner*)

(*Printed Name of Co-Petitioner*)