



(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 (choose one)  **have** or  **have not** 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 (choose one)  **know** or  **do not know** 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 isn't available to file with 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: \_\_\_\_\_

\_\_\_\_\_

10. The child's mother consents to this guardianship (*choose one*):

The mother consents in writing to this guardianship and submits an affidavit indicating her consent and any limitations on the guardian's powers and duties under Section 27-20.1-15 of the North Dakota Century Code (N.D.C.C.). **The mother's affidavit of consent accompanies this petition.**

The mother is not required to give consent because she is deceased. **A copy of the mother's death certificate accompanies this petition.**

The mother is not required to give consent because her parental rights over the child are terminated by court order. **A certified copy of the court order terminating the mother's parental rights accompanies this petition.**

**The Father's Information:**

There is more than one alleged or presumed father. A completed Exhibit A: Additional Alleged or Presumed Fathers form is attached. (*Choose if applicable. Use Paragraphs 11 and 12 to complete the information for the first alleged or presumed father. For additional fathers, complete an Exhibit A: Additional Alleged or Presumed Fathers form.*)

11. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. The child's father consents to this guardianship (*choose one*):

The father consents in writing to this guardianship and submits an affidavit indicating his consent and any limitations on the guardian's powers and duties under Section 27-20.1-15 of the North Dakota Century Code (N.D.C.C.). **The father's affidavit of consent accompanies this petition.**

The father is not required to give consent because he is deceased. **A copy of the father's death certificate accompanies this petition.**

The father is not required to give consent because his parental rights over the child are terminated by court order. **A certified copy of the court order terminating the father's parental rights accompanies this petition.**

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

13. 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:

*(Paragraph 13 continued on next page.)*

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:**

14. The child currently lives at the address listed in Paragraph 3 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

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

15. 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*):

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

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

**The Child’s Siblings or Half-Siblings:**

16. The child (*choose one, Paragraph 16 continued on next page*):

**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.

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

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:**

17. 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 co-guardian is the co-petitioner.)

18. The occupation of the proposed guardian(s) is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

19. The proposed guardian(s) has the following qualifications to serve as guardian/co-guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

20. 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.)

21. 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; Paragraph 21 continued on next page*):

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:**

22. 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.)*





28. I/We acknowledge that any person interested in the welfare of the child who opposes the appointment of the proposed guardian/co-guardian must file an objection to the appointment and a demand for hearing within ten days of the service of this petition.

29. I/We acknowledge that, if no objections are filed within ten days, the court may order the appointment of a guardian/co-guardian for the child without a hearing on review of the guardian ad litem's report.

**WHEREFORE, PETITIONER PRAYS:**

30. That this Petition be ordered filed; that a Summons be issued, and that the Petition be heard promptly;

31. That the court waive the hearing requirement because this Petition is unopposed;

32. That the court, upon clear and convincing evidence, issue Findings of Fact;

33. That the court finds that guardianship is in the best interest of the child and the public; and

34. That the court, upon proof by clear and convincing evidence, issue an order appointing the proposed guardian/co-guardian or other order of disposition best suited to the treatment, rehabilitation, and welfare of the child.

**NOTICE TO RESPONDENTS:**

**35. 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 must file a written objection to the appointment and a demand for hearing within ten days of service of this petition.**

*(Petitioner's/Co-Petitioner's verified signatures on Page 14 of 14.)*

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

Signed on \_\_\_\_\_ (Date), in \_\_\_\_\_ (City),  
\_\_\_\_\_ (County), \_\_\_\_\_ (State), \_\_\_\_\_ (Country).

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Printed Name

\_\_\_\_\_  
Petitioner's Address

\_\_\_\_\_  
Petitioner's City, State, Zip Code

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

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

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

Signed on \_\_\_\_\_ (Date), in \_\_\_\_\_ (City),  
\_\_\_\_\_ (County), \_\_\_\_\_ (State), \_\_\_\_\_ (Country).

\_\_\_\_\_  
Co-Petitioner's Signature

\_\_\_\_\_  
Co-Petitioner's Printed Name

\_\_\_\_\_  
Co-Petitioner's Address

\_\_\_\_\_  
Co-Petitioner's City, State, Zip Code

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

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