| STATE OF NORTH DAKOTA               | IN DISTRICT COURT  |  |  |  |
|-------------------------------------|--|--|--|--|
| COUNTY OF                           | JUDICIAL DISTRICT  |  |  |  |
| IN TH                               | E MATTER OF THE GUARDIANSHIP OF  |  |  |  |
|                                     |  |  |  |  |
| AN A                                | LLEGED INCAPACITATED INDIVIDUAL  |  |  |  |
| Case                                | No   |  |  |  |
| DECLARATION OF                      | PROPOSED PROFESSIONAL GUARDIAN (ENTITY)  |  |  |  |
| l,                                  | , state the following  |  |  |  |
| pursuant to Rule 59(C) of the No    | orth Dakota Supreme Court Administrative Rules:  |  |  |  |
| 1. I am the                         | ( <i>Title</i> ), of   |  |  |  |
|                                     | (Name of Entity),  |  |  |  |
| the proposed professional guard     | dian of the alleged incapacitated individual.  |  |  |  |
| 2. The following individuals        | The following individuals will provide guardianship services for the alleged incapacitated |  |  |  |
| individual if a guardianship is est | tablished:   |  |  |  |
|                                     |  |  |  |  |
| 3.                                  | (Name of Entity)   |  |  |  |
| □possesses □does not possess        | s accreditation through the Council on Accreditation.                                      |  |  |  |
| 4. The following individuals        | The following individuals who will provide guardianship services for the alleged           |  |  |  |
| incapacitated individual if a guar  | rdianship is established possess certification through the Center                          |  |  |  |
| for Guardianship Certification: _   |  |  |  |  |
|                                     |  |  |  |  |

| 5. All individuals employed by the entity to provide guardianship services have completed           |  |  |  |  |
|---|--|--|--|--|
| the online North Dakota Adult Guardianship Training course established by the North Dakota          |  |  |  |  |
| Supreme Court.  |  |  |  |  |
| 5. (Choose one.)  |  |  |  |  |
| ☐ No individuals providing guardianship services under the auspices of the entity have been         |  |  |  |  |
| nvestigated for a criminal offense related to fraud, theft, or abuse, neglect or exploitation of a  |  |  |  |  |
| adult or child.   |  |  |  |  |
| ☐ The following individuals providing guardianship services under the auspices of the entity        |  |  |  |  |
| nave been investigated for a criminal offense related to fraud, theft, or abuse, neglect or         |  |  |  |  |
| exploitation of an adult or child. Explain:   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| 7. (Choose one.)  |  |  |  |  |
| ☐ <b>No individuals</b> providing guardianship services under the auspices of the entity have had a |  |  |  |  |
| substantiated instance of abuse, neglect, or exploitation of an adult or child by the guardian.     |  |  |  |  |
| ☐ The following individuals providing guardianship services under the auspices of the entity        |  |  |  |  |
| nave had a substantiated instance of abuse, neglect, or exploitation of an adult or child by the    |  |  |  |  |
| guardian. Explain:  |  |  |  |  |
|   |  |  |  |  |

| 8. (Choose one.)   |
|--|
| ☐ No individuals providing guardianship services under the auspices of the entity have been        |
| the subject of a substantive disciplinary order issued by a licensing entity or by an agency       |
| accredited through the Council on Accreditation.   |
| ☐ The following individuals providing guardianship services under the auspices of the entity       |
| have been the subject of a substantive disciplinary order issued by a licensing entity or by an    |
| agency accredited through the Council on Accreditation. Explain:                                   |
|  |
|  |
|  |
|  |
| 9(Name of Entity)  |
| obtained a release authorizing access to any record information maintained by an agency in this    |
| or another state or a federal agency, a criminal history record check report, and the results of a |
| background inquiry for offenses related to the abuse, neglect or exploitation of an adult or       |
| child, or theft or fraud with respect to each individual providing guardianship services in this   |
| case under the auspices of the entity. The results of the report and inquiry are (this paragraph   |

cannot be left blank):

| 10.                              |                    |                              | (Name of Entity)           |
|----------------------------------|--------------------|------------------------------|----------------------------|
| will notify the trial court adm  | inistrator of the  | administrative unit in whic  | th the entity is           |
| appointed if an individual pro   | viding guardians   | hip services in this case un | der the auspices of the    |
| entity is charged with a crimi   | nal offense relate | ed to fraud, theft, or abuse | e, neglect or exploitation |
| of an adult or child or if there | is a substantiate  | ed instance of abuse, negle  | ect, or exploitation of an |
| adult or child them.             |                    |                              |                            |
| 11. I declare, under penal       | ty of perjury und  | ler the law of North Dakota  | a, that everything I       |
| stated in this Declaration of P  | roposed Profess    | ional Guardian (Entity) is t | rue and correct.           |
| Signed on                        | (date) in          |                              | (city),                    |
|                                  | _ (county),        | (state),                     | (country).                 |
|                                  |                    |                              |                            |
| (Signature)                      |                    |                              |                            |
| (Printed Name)                   |                    |                              |                            |
| (Address)                        |                    | (City, State, Zip Code       | ?)                         |
| (Telephone Number)               |                    | (Email Address)              |                            |