

## READ BEFORE FILLING OUT THE GUARDIANSHIP ANNUAL REPORT

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**If you were appointed by a North Dakota state district court to be the guardian of an adult (*also known as the ward*), you must complete and file an annual report. The annual report gives the court, the ward and interested persons information regarding the exercise of the guardian's powers and the status of the ward since the last report.**

The Guardianship Annual Report is made up of three separate documents. **You MUST complete and file all three documents:**

- 1) The Annual Wellbeing Report
- 2) The Annual Financial Accounting
- 3) The Confidential Information Form

The Guardianship Annual Report also includes the required notice to the ward of the ward's right to seek alteration, limitation, or termination of the guardianship at any time.

Complete each document and file it with the Clerk of Court. Remember to completely cross-out identification numbers from any attachments you submit with your completed annual report. File the original with the court. **If you e-file the annual report, see page 4 of the General Instructions for the Guardianship Annual Report for e-filing instructions.**

A copy of the Annual Wellbeing Report and the Annual Financial Accounting must be mailed to the ward and interested persons.

If you're unsure when your guardianship annual report is due, review the order of the court that appointed you the guardian of an incapacitated adult.

**Before filling out the Guardianship Annual Report, read all of the instructions for the annual report and each form. If you're unsure how to proceed, consult a lawyer. Only a lawyer who has agreed to represent you can give you legal advice about what to write, how to proceed, and tell you about your options based on your circumstances.**

**Don't include this cover sheet when you serve or file the completed annual report.**

**IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP**  
**OF \_\_\_\_\_, Case No. \_\_\_\_\_**

***The information in this form is confidential and must not be placed  
in a publicly accessible portion of a file.***

**Guardianship Annual Report**  
**Annual Wellbeing Report**

Address of Ward: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Ward's age: \_\_\_\_\_ Ward's phone number: \_\_\_\_\_

Guardian(s): \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**TO THE ABOVE-NAMED WARD:**

**You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.**

**To the above-named guardian(s):**

Attach additional pages as needed to fully report on the Ward's wellbeing. Fillable forms and instructions are available under "Legal Self Help & Forms" at [www.ndcourts.gov](http://www.ndcourts.gov).

**ANNUAL WELLBEING REPORT**

**Report for the period from** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **to** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

As a named guardian(s) for the above ward, I/we report for the period indicated above as follows:

- 1) The ward's name, address, and telephone number are correctly listed above.
- 2) The guardian(s) has authority in the following areas:
  - Place of residence
  - Medical treatment
  - Vocation
  - Involuntary treatment with prescribed medications
  - Legal matters
  - Access to and control of safety deposit boxes
  - Education and training
  - Financial matters
  - Or name of conservator: \_\_\_\_\_
- 3) Name and address of representative payee, or fiduciary, if applicable: \_\_\_\_\_

**(guardian MUST also submit the annual financial accounting)**

- 4) The date of my/our last physical visit to the ward was: \_\_\_\_\_
- 5) Number of times in the past year I/we met with the ward: \_\_\_\_\_
- 6) The name, address, and telephone number of the person or institution that has care or custody of the ward is: \_\_\_\_\_  
\_\_\_\_\_
- 7) Changes in the ward's residence or care since the last guardian's report are: \_\_\_\_\_  
\_\_\_\_\_
- 8) A brief description of the ward's physical condition is: \_\_\_\_\_  
\_\_\_\_\_
- 9) A brief description of the ward's mental condition is: \_\_\_\_\_  
\_\_\_\_\_
- 10) The following services were provided to the ward (by me or others): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11) To maintain the wellbeing of the ward, I/we plan to: \_\_\_\_\_  
\_\_\_\_\_

12) *Answer if you have been given authority by the court to make legal decisions for the ward:*  
I have exercised legal authority this year in these matters affecting the ward: \_\_\_\_\_  
\_\_\_\_\_

13) *Answer a through d if you have medical authority for the ward:*  
a. The ward was last seen by a physician or psychologist (name and date of last visit):  
\_\_\_\_\_  
\_\_\_\_\_

b. The ward was last seen by a dentist and eye doctor (name and dates of last visits):  
\_\_\_\_\_  
\_\_\_\_\_

c. Medical treatment I/we have authorized since the date of the prior guardian's report is (including treatments during visits listed in 13a & 13b; also including, but not limited to, immunizations, prescriptions, hospital treatment, alternate treatment providers, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Medical treatment I/we refused for the ward since the date of the last guardian's report:  
\_\_\_\_\_  
\_\_\_\_\_

14) During the past year, the ward has participated in the following activities: (describe in general)  
Recreational: \_\_\_\_\_  
Educational: \_\_\_\_\_  
Social: \_\_\_\_\_  
Occupational: \_\_\_\_\_

- None available
- Refuses or unable to participate

15) Check any that apply:

- I/We believe the guardianship should continue
- I/We believe the guardianship is no longer needed
- My/Our powers as guardian/co-guardians should be increased or decreased

Describe the reasons for any desired changes. **(If the guardianship levels of authority need to be adjusted, submit a separate request in writing.)** \_\_\_\_\_  
\_\_\_\_\_

16) List any instances when you have restricted the ward's communications, and include the purpose for the restrictions (phone, mail, visits, etc): \_\_\_\_\_  
\_\_\_\_\_

17) Describe any other significant actions you have taken as guardian in the past year, or any other information the Court should know about the ward's living situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) *The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

- ward on date: \_\_\_\_\_
- ward's attorney on date: \_\_\_\_\_
- co-guardian or conservator on date: \_\_\_\_\_
- these interested person(s): on date: \_\_\_\_\_

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

19) *By signing below, I/we certify under penalty of perjury under the law of North Dakota, that the information contained in, and attached to, this Annual Report is true, complete, and correct.*

Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, State, Country where signed: \_\_\_\_\_

Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, State, Country where signed: \_\_\_\_\_

*You may use this form if you need additional space to complete your answer(s) on the Annual Wellbeing Report component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Annual Wellbeing Report **before filing.***

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_.**

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

### **Additional Information for the Annual Wellbeing Report**

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Wellbeing Report component of the Guardianship Annual Report:

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The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Wellbeing Report component of the Guardianship Annual Report:

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

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

**IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP**  
**OF \_\_\_\_\_, Case No. \_\_\_\_\_**

## **Guardianship Annual Report**

### **Annual Financial Accounting**

Address of Ward: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Ward's age: \_\_\_\_\_ Ward's phone number: \_\_\_\_\_

Guardian(s) or Conservator: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

#### **TO THE ABOVE-NAMED WARD:**

**You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.**

#### **TO THE ABOVE-NAME GUARDIAN OR CONSERVATOR:**

Attach additional pages as needed to fully report on the Ward's financial wellbeing. Fillable forms and instructions are available under "Legal Self Help & Forms" at [www.ndcourts.gov](http://www.ndcourts.gov).

NOTE: if the Social Security Administration or other agency has appointed another party as a representative payee or fiduciary for benefits, **YOU MUST include a copy of the representative payee's or fiduciary's report(s) that are completed on behalf of the ward. YOU MUST complete this form for the assets that are in your control.** *Rule 3.4 of the North Dakota Rules of Court requires social security numbers and birthdates to be redacted or completely crossed out, except for the last four digits of a social security number and a birth year.*

**ANNUAL ACCOUNTING OF THE ESTATE**

**Report for the period from** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **to** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**1) Ward's beginning checking account(s) balance:** \$ \_\_\_\_\_

**2) Income and deposits:**

Wages/salary \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pensions/annuities \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Other, please describe:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add the total of all deposits \$ \_\_\_\_\_

**3) Expenses and withdrawals:**

Rent/mortgage/residence \$ \_\_\_\_\_

Utilities/phone/etc \$ \_\_\_\_\_

Groceries/food \$ \_\_\_\_\_

Insurances \$ \_\_\_\_\_

Spending money \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Personal needs \$ \_\_\_\_\_

Guardian/conservator fees \$ \_\_\_\_\_

Legal/professional fees \$ \_\_\_\_\_

Other, please describe: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Subtract the total of all expenses/withdrawals \$ \_\_\_\_\_

**4) Ward's ending checking account(s) balance:** \$ \_\_\_\_\_



5) **Current asset listing:**

Asset Description	Date Acquired if New	Value or Balance

6) **Assets disposed of since last report:** include the name of the person or company that received the asset, and the reasons for the disposal in the comments.

Asset Description and reason for disposal	Date of Disposal	Amount Received

7) **Mortgages, loans, creditors, other debt:**

Description	Value or Balance	Location

8) **Comments** on financial well-being and transactions. Include the reasons why assets were disposed of, or why new assets were received, and explain new debt. Summarize the financial decision-making assistance you have provided to the ward. (Attach additional pages as needed.)

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9) *The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:*

ward on date: \_\_\_\_\_

ward's attorney on date: \_\_\_\_\_

co-guardian or conservator on date: \_\_\_\_\_

these interested person(s): on date: \_\_\_\_\_

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

10) *By signing below, I/we certify under penalty of perjury under the laws of North Dakota, that the information contained in, and attached to, this Annual Report is true, complete, and correct.*

Guardian or conservator (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, State, Country where signed: \_\_\_\_\_

Guardian or conservator (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County, State, Country where signed: \_\_\_\_\_

*You may use this form if you need additional space to complete your answer(s) on the Annual Financial Accounting component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Financial Accounting **before filing.***

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_.**

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

### **Additional Information for the Annual Financial Accounting**

The following additional information is for paragraph number \_\_\_\_\_ on page \_\_\_\_\_ of the Annual Financial Accounting component of the Guardianship Annual Report:

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**IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP**

**OF \_\_\_\_\_, Case No. \_\_\_\_\_**

***The information on this form is confidential and must not be placed in a publicly accessible portion of a file. Social Security numbers and birthdates are not required for company employees; list the company's contact information.***

**Guardianship Annual Report Confidential Information Form**

	<b>NAME</b>	<b>BIRTHDATE, ADDRESS, PHONE, EMAIL</b>
Ward		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
	<b>NAME</b>	<b>RELATIONSHIP, ADDRESS, PHONE, EMAIL</b>
Interested Person		
Interested Person		
Interested Person		
Interested Person		

*This is a complete and accurate listing of information pertaining to persons with an interest in this ward's wellbeing. This information is only provided to the Clerk of Court.*

Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may use this form if you need additional space to list the name, relationship, address and phone number of interested persons on the Confidential Information Form component of the Guardianship Annual Report. **Write only on the front.** Attach the completed additional information form(s) to the Confidential Information Form **before filing.***

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_.**

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

**Additional Information for the Confidential Information Form  
of the Guardianship Annual Report**

	<b>NAME</b>	<b>RELATIONSHIP, ADDRESS, and PHONE</b>
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		