STATE OF NORTH DAKOTA IN DISTRICT COURT

COUNTY OF JUDICIAL DISTRICT

# IN THE MATTER OF THE GUARDIANSHIP/CONSERVATORSHIP OF

,

# AN INCAPACITATED INDIVIDUAL/PROTECTED PERSON

**Case No.**

AFFIDAVIT OF SERVICE BY HAND DELIVERY

(*A separate affidavit is required for each person served.*)

# The person serving court documents by hand delivery states:

1. My name is: (*person who served*

*documents by hand delivery*). I am at least 18 years of age. **I am not a party or interested in**

# the above named matter.

1. **Service by Hand Delivery:**

I served a true and correct copy of each of the court documents listed in Paragraph 4 to

(*name of person served*) by (*choose one*):

* + Giving the court documents directly to him/her.
  + Leaving the court documents with: (*name*), a person of suitable age and discretion who lives at the same address.

I know the person I served is the person intended to be served because: (*explain how you identified the person*)

# Date, Time, and Address of Service by Hand Delivery:

Date: Time:  a.m. (*or*)  p.m. Address:

(*street address*) (*city*) (*zip code*)

1. **List of Court Documents Served** (*check all that apply*)**:**

(*Check only the documents that were served. Use “Other” to write the title of each document served that is not already listed.*)

* + Notice of Motion for Final Order Confirming Transfer and Terminating Guardianship/Conservatorship;
  + Motion for Final Order Confirming Transfer and Terminating Guardianship/ Conservatorship;
  + Brief in Support of Motion for Final Order Confirming Transfer and Terminating Guardianship/Conservatorship;
  + Affidavit in Support of Motion for Final Order Confirming Transfer and Terminating Guardianship/Conservatorship;
  + Copy of Other State’s Certified Order;
  + Proposed Final Order Confirming Transfer and Terminating Guardianship/ Conservatorship;
  + Final Report and Accounting.
  + Other:
  + Other:

1. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Hand Delivery is true and correct.

STATE OF )

COUNTY OF ) ss.

COUNTRY OF )

Signed on this day of , 20 .

Signature

Printed Name

Address City State Zip

Phone Number: Email Address: