

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 MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is: _____ *(person who mailed documents)*. I am at least 18 years of age.

2. **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.)

Rule 3.2 Notice of Petition to Transfer Guardianship/Conservatorship to Another State;

Petition to Transfer Guardianship/Conservatorship from North Dakota to Another State;

Proposed Provisional Order Granting/Denying Petition to Transfer Guardianship/Conservatorship to Another State;

Request for Appointment of Guardian Ad Litem by Other Interested Person;

Proposed Order for Appointment of Guardian Ad Litem

Other: _____

Other: _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by First-Class mail, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

(city) (county) (state)

5. **Person or Persons Served by Mail:**

1. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

2. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

3. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

4. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

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

Signed on _____, 20____ in _____ (city),

_____ County, _____ (state).

Signature Printed Name

Address City, State, Zip Code

Telephone Number Email Address