

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.**

2. **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)* _____

3. **Date, Time, and Address of Service by Hand Delivery:**

Date: _____ Time: _____ a.m. *(or)* p.m.

Address:

(street address)

(city)

(zip code)

4. **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: _____

5. 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: _____