

Name:
Address:
Phone:

Pro Se

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

IN THE MATTER OF THE PETITION
FOR APPOINTMENT OF
GUARDIAN FOR:

FCD-GU CIVIL ACTION NO. ____-_____

An Incompetent Person

**PETITION FOR APPOINTMENT
OF GUARDIANSHIP FOR
INCOMPETENT PERSON**

By:

Petitioner(s)

COME NOW (Name(s) of Petitioner(s)) _____

_____ the (Relationship between
Petitioner(s) and Incompetent Person) _____

of the incompetent person hereby petitions this Honorable Court to appoint me/us as the legal
guardian(s) of the above-named incompetent person as herein requested below. In support of said
petition, I/we state as follows:

1. This Honorable Court has jurisdiction in the above-captioned matter pursuant to 1 CMC
Sections 3202 and 3205.

2. I/We am/are the _____ of the incompetent person.

3. (Name of Incompetent Person) _____

was born on (Date of Birth) _____ in (Place of Birth) _____

_____.

(See Exhibit "A" – U.S. Passport)

4. (Name of Incompetent Person) _____,
was diagnosed with _____;
(he/she) is not competent to handle (his/her) affairs, make decisions, execute contracts, or
give legal valid consent; and (he/she) will never be competent. (Name of Incompetent
Person) _____ now resides
with _____ at _____.
(He/She) must be under the care of a guardian (his/her) entire life. A copy of his/her
medical record referencing his conditions is attached hereto as Exhibit "B".

5. I/We am/are seeking a declaration that (Name of Incompetent Person) _____
_____ is incompetent to handle his/her affairs and
that I/we, (Name(s) of Petitioner(s)) _____
_____, will be appointed the guardian.

6. (Name of Incompetent Person) _____
owns no property, real or personal, but (he/she) U.S. Supplemental Social Security Income
in the amount estimated at \$_____ per month.

WHEREFORE, by the foregoing petition, I am respectfully praying for the decree from
this Honorable Court as follows:

1. That (Name of Incompetent Person) _____
is declared to be incompetent and appoint (Name(s) of Petitioner(s)) _____
_____ to be the Guardian(s).

1 2. That this Honorable Court makes such other orders as it deems in the best interest of

2 (Name of Incompetent Person) _____.

3
4 Dated this ____ day of _____, 20__.

5
6
7 _____
8 Name & Signature of the Petitioner(s)
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25