

STATE OF SOUTH DAKOTA ) IN CIRCUIT COURT  
 )  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL CIRCUIT  
\*\*\*\*\*

In the Matter of the Guardianship of ) \_GDN\_\_\_\_\_  
 )  
\_\_\_\_\_, )  INITIAL  ANNUAL  FINAL  OTHER  
a  Minor  Protected Person. ) **GUARDIAN REPORT**  
\*\*\*\*\*

I/We, \_\_\_\_\_, the Guardian(s) of the above-named Individual, being duly sworn upon oath, state and affirm the following:

The Court appointed Guardian(s) in the above-entitled case on \_\_\_\_\_ (month) \_\_\_\_\_ (day), \_\_\_\_\_ (year). Unless this is an initial report, Guardian(s) last reporting period ended on \_\_\_\_\_ (month) \_\_\_\_\_ (day), \_\_\_\_\_ (year).

This report describes the status of the Individual and the efforts of his/her Guardian(s) from: \_\_\_\_\_ (month), \_\_\_\_ (day), \_\_\_\_\_ (year) to \_\_\_\_\_ (month), \_\_\_\_ (day), \_\_\_\_\_ (year).

[Note that SDCL 29A-5-403 provides that a report can only cover a maximum of one year.]

I/We further affirm the following as true and complete to the best of my/our knowledge:

1. The current mental, physical and social condition of the Individual is (describe in own words):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The Individual's living arrangements are (describe physical location, persons in household—and if institutionalized—the institution and whether you agree with the treatment/habilitation plan): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I/We request, pursuant to SDCL 29A-5-116, the reasonable compensation of \$ \_\_\_\_\_, to be paid from the above-named Individual's estate, because *(if not requested, leave blank)*:

---

---

---

I/We request, pursuant to SDCL 29A-5-116, to be reimbursed for reasonable and necessary expenses incurred by the Guardian(s) on the Individual's behalf of \$ \_\_\_\_\_, and obtainable from the Individual's estate, the expenses detailed below *(if not requested, leave blank)*: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I/we swear or affirm under oath that the information I/we have provided in this Report and Affidavit is true and correct to the best of my/our knowledge. I/We believe I am/we are entitled to the compensation and reimbursement if requested. I/We affirm that we have acted in the best interests of the above-named Individual. **I/We shall mail a copy of this report to the parties listed in SDCL 29A-5-410 no later than fourteen days after filing this report.**

\_\_\_\_\_  
Guardian's Signature  
(Sign only in front of Notary or Clerk)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
All Co-Guardians' Signatures (if any)

Signed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public/Deputy Clerk of Courts  
Commission Expires:

STATE OF SOUTH DAKOTA )

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ JUDICIAL CIRCUIT

\*\*\*\*\*

In the Matter of the Guardianship of )

\_\_\_\_\_ GDN \_\_\_\_\_

\_\_\_\_\_, )

AFFIDAVIT OF MAILING

a  Minor  Protected Person. )

\*\*\*\*\*

I, \_\_\_\_\_, being sworn, state that on \_\_\_\_\_,  
(Full legal name of Guardian) (Month)

\_\_\_\_\_, I served the Report on the parties by placing true and correct  
(Day) (Year)

copies of the document in envelopes addressed to:

Names	Mailing Addresses

and depositing the envelopes, with sufficient postage, in the United States Mail at \_\_\_\_\_,  
(City)

\_\_\_\_\_.  
(State)

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Guardian  
(Sign only in front of Notary or Clerk)

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name: (Printed) \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Notary Public/Clerk of Courts)

If Notary, my commission expires: \_\_\_\_\_  
(SEAL)