	STATE OF SOUTH DAKOTA) IN CIRCUIT COURT	
**	COUNTY OF)) **********************************	
In	the Matter of the)GDN	
a	☐ Minor ☐ Protected Person.) ,) INTERESTED PERSON'S PETITION TO)	
Ι, _	, an Interest	ted Person in the above-captioned matter, being	
du	ly sworn upon oath, state and affirm the foll-	owing:	
1.	I am filing this Petition and Affidavit on the behalf of the above-named Individual, in that Individual's best interest.		
2.	I am an Interested Person, as defined in SDCL 29A-5-102, because (describe your relationship to the Individual):		
3.	The Order of Appointment in this matter was entered on (month), (day), (year).		
4.	The Order of Appointment required that the above-named Individual receive the following assistance, services, and protection (<i>please detail</i>):		
5.	I request the Court (select one):		
	a. TERMINATE this case		
	b. REVOKE the Guardian/Conservator's authority and replace him/her with:		
	(Full Legal Name) (DOB, or Tax	ID if business) (Mailing Address)	
	c. MODIFY the Guardianship and/or	r Conservatorship as follows:	

need for the Guardianship and/or Conserv	vatorship has changed; AND/OR (2) the fact that ling to exercise the assigned duties and no other <i>Please describe below</i>):
[If seeking to revoke] This request is bath a removable act per SDC 29A-5-504. (<i>Pi</i>	used on the Guardian/Conservator having committed lease describe below):
I swear or affirm under oath that the informat and correct to the best of my knowledge. I request a hearing on this Petition pursuant to Dated	tion I provided in this Petition and Affidavit is true o SDCL 29A-5-508.
(month) (day) (year)	Interested Person's Signature (Sign only in front of Notary or Clerk)
	Mailing Address
Sworn/affirmed before me this, 20	City, State, and Zip Code
(Notary Public / Clerk of Courts)	Phone Number
If Notary, my commission expires:(SEAL)	E-mail Address