STATEMENT OF FINANCIAL RESOURCES

STATE OF SOUTH DAKOTA: IN CIRCUIT COURT
SS:
COUNTY OF _____ _____ JUDICIAL CIRCUIT

IN THE MATTER OF THE GUARDIANSHIP OF _____, Minor Child.	File No: _____ **STATEMENT OF FINANCIAL RESOURCES**

Petitioners, pursuant to SDCL 29A-5-307, submit a statement of financial resources of the minor child to the extent known.

Real Property:	(ENTER TEXT)	$ 0.00
Personal Property:	Clothing and personal effects	$ 0.00
Checking Account(s) Bank:	(ENTER TEXT)	$ 0.00
Savings Account(s) Bank:	(ENTER TEXT)	$ 0.00
Other Account(s) Bank:	(ENTER TEXT)	$ 0.00
SSI benefits:	(ENTER TEXT)	$ 0.00
Anticipated Gross Annual Income:	(ENTER TEXT)	$ 0.00
Other Anticipated Receipts:	(ENTER TEXT)	$ 0.00
	Annual Grand Total	**$ 0.00**

Dated this (DAY) day of (MONTH), (YEAR).

PETITIONER:

_____
(NAME)
(STREET ADDRESS)
(CITY), SD (ZIP CODE)
(PHONE)

State of South Dakota:
ss:

County of (ENTER COUNTY) :

On this the (DAY) day of (MONTH), (YEAR), before me, the undersigned officer, personally appeared, (ENTER TEXT), known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public, State of South Dakota
(SEAL)

My Commission Expires: (ENTER DATE)

Dated this (DAY) day of (MONTH), (YEAR).

PETITIONER:

_____

(NAME)
(STREET ADDRESS)
(CITY), SD (ZIP CODE)
(PHONE)

State of South Dakota:
ss:
County of (ENTER COUNTY NAME):

On this the (DAY) day of (MONTH), (YEAR), before me, the undersigned officer, personally appeared, (ENTER TEXT), known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public, State of South Dakota

(SEAL)

My Commission Expires: (ENTER DATE)