

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Guardianship; <input type="checkbox"/> Conservatorship; or</p> <p><input type="checkbox"/> Guardianship & Conservatorship</p> <p>Of: _____</p> <p>a <input type="checkbox"/> Minor <input type="checkbox"/> Protected Person</p>	<p>FILE NO: _____</p> <p>GUARDIAN’S REPORT</p>
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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 the 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 Individuals 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)*:

3. The professionals services – medical, educational, vocational, and others – provided to the Individual include *(describe the services, who provided them, when they were provided, and your opinion of whether they are adequate)*:

4. The nature of the Guardian’s contact, visits and activities with the individual include:

5. Should the guardianship continue in its form, or should it be modified or terminated? *(check one)*:

- Current Form Modified Terminated

Explain why: _____

6. Any other information requested by the Court or useful in the opinion of the Guardian(s):

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 obtain from the Individual's estate, the expenses detailed below *(if not requested, leave blank)*:

Dated this _____ day of _____, 20_____.

Guardian's Signature

Mailing Address

City, State, and Zip Code

Phone Number

E-mail Address

Co-Guardians' Signature(s) (if any)

Signed and sworn to before me this _____ day of _____, 20_____.
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 I/we have acted in the best interested of the above-named Individual. **I/We shall mail a copy of this to the parties listed in SDCL 29A-5-410 no later than fourteen days after filing this report.**

(SEAL)

Notary Public/Clerk of Court

If Notary, my commission expires:

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I, _____, being sworn, state that on _____, _____, I served the report on the parties by placing true and correct copies of the document in envelopes addressed to:

(Full legal name of Guardian) *(Month)*

(Day) *(Year)*

NAMES	MAILING ADDRESS

And depositing the envelopes, with sufficient postage, in the United States Mail at _____, _____.

(City) *(State)*

Dated this _____ day of _____, 20____.

Sworn/affirmed before me this _____ day of _____, 20____.

Notary Public/Clerk of Court

If Notary, my commission expires:

(SEAL)

Signature of Guardian

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

OBJECTION NOTICE – Time Sensitive

You have sixty days from the day you received this enclosed report to file your objections, if any. You must file these objections with the Clerk of Court in the South Dakota County noted at the top of the legal documents in this mailing.

Note that a court order approving the report is also a decision that there are no liabilities concerning matters disclosed in the report, pursuant to SDCL 29A-5-403.

If you fail to present your written objections, if any, within sixty days, you are barred from objecting pursuant to SDCL 29A-5-403.