

STATE OF SOUTH DAKOTA)
)
COUNTY OF _____)

IN CIRCUIT COURT
_____) JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Conservatorship; <input type="checkbox"/> Conservatorship; or <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>Objection to Conservator Accounting</p>
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I, _____, an Interested Person in the above-captioned matter, being duly sworn upon oath, state and affirm the following:

1. I am an Interested Person, as defined in SDCL 29A-5-102(5), because *(describe your relationship to the Individual, or applicable, note you are the Individual)*: _____
_____.
2. The Order of Appointing in this matter was entered on _____ (month), _____ (day), _____ (year).
3. I object to the account of the Conservator(s) in this matter covering the Period: _____ (month), _____ (day), _____ (year) to _____ (month), _____ (day), _____ (year).
4. I object to the accuracy, insufficiency, and/or completeness of the information provided in said accounting as follows *(describe in detail)*:

_____.

5. Pursuant to SDCL 29A-5-408, I **request** **do not request** (*check one*) a hearing with the Court on this accounting and my Objection.

I swear or affirm under oath that the information I provided in this Objection to Accounting is true and correct to the best of my knowledge. I swear or affirm that I have not filed this Objection for any malicious, delaying, or other improper purpose, and that I have filed it in the best interest of the Individual. **Because filing my written objection allows any Interested Person to request a hearing on this accounting, I shall mail a copy of this objection to the parties listed in SDCL 29A-5—410 no later than fourteen days after filing this objection.**

Dated this _____ day of _____, 20_____.

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

Notary Public/Clerk of Court

If Notary, my commission expires:

(SEAL)

Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

Co-Conservator's Signature (if any)

STATE OF SOUTH DAKOTA

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I, _____, being sworn, state that on _____
 (Month), _____ (Day), _____ (Year), I served the Objection on the parties by
 placing true and correct copies of the document in envelopes addressed to:

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)

 Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

 Co-Conservator's Signature (if any)