

_____ Plaintiff _____ Defendant	FILE NO: _____  <p style="text-align: center;"><b>Protected Person’s Petition to</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Revoke</b> <input type="checkbox"/> <b>Terminate</b></p>
--	---

I, \_\_\_\_\_, the Protected Person in the Above-captioned matter, being duly sworn upon oath, state and affirm the following:

1. The Order of Appointed in this matter was entered on \_\_\_\_\_ (month), \_\_\_\_\_ (day), \_\_\_\_\_ (year).

2. The Order of Appointment required that I receive the following assistance, services, and protection (please detail):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

3. I have been contacted by my Guardian/Conservator as follows (please describe frequency and types of contact - in person, over the phone, etc. – and your ability to communicate):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

4. 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 if business) (Mailing Address)

c.  MODIFY the Guardianship and/or Conservatorship as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. **[If seeking to modify or terminate]** This request is based on (1) my observations that the need for the Guardianship and/or Conservatorship has changed; AND/OR (2) the fact that Guardian/Conservator is unable or unwilling to exercise the assigned duties and no other suitable candidate is capable or willing. *(Please describe below):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I swear or affirm under oath that the information I provided in this Petition and Affidavit is true and correct to the best of my knowledge. I request a hearing on this Petition pursuant to SDCL 29A-5-508.

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

\_\_\_\_\_  
Protected Person's Signature  
*(Sign only in front of a Notary or Clerk)*

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

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

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Print Name of Person Assisting Petitioner (if any)

\_\_\_\_\_  
Signature of Person Assisting Petitioner

\_\_\_\_\_  
Mailing Address of Person Assisting Petitioner

\_\_\_\_\_  
City, State and Zip Code of Person Assisting  
Petitioner

\_\_\_\_\_  
Phone Number of Person Assisting Petitioner

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires:  
\_\_\_\_\_