

<hr/> Plaintiff	FILE NO: _____ Petition for Resignation
<hr/> Defendant	

I, _____, the (Guardian, Conservator, Guardian & Conservator) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

1. I was appointed by the Court on _____ (month), _____ (day), _____ (year).

2. I provide the following assistance, services, and protection to the Individual (*explain in detail*):

3. I request the Court’s permission for resignation because (*explain in detail*):

4. To serve as my successor, I propose:

_____, _____, _____
(Full Legal Name) (DOB, or Tax ID if business) (Mailing Address)
()
(Phone Number)

5. My proposed successor is suitable, pursuant to SDCL 29A-5-110, and also capable of providing an active and suitable program of guardianship and/or conservatorship for the above-mentioned Individual. These capabilities are provided below (*explain in detail*):

_____.

6. My proposed successor is willing to uphold the same duties and responsibilities as the Court vested in me in my Order of Appointment for the benefit of the above-mentioned Individual. My proposed successor’s signature (or the signature of an agent thereof) to this Petition and Affidavit only indicated the willingness of my proposed successor to serve in a similar capacity,

7. Attached is my Final Report and/or Accounting, if required and not waived by the Court.

I swear or affirm under oath that the information I provided in this Petition for Resignation and Affidavit is true and correct to the best of my knowledge. I affirm that this Petition for Resignation and Affidavit is brought in the best interests of the above-names Individual. **I also affirm that I have mailed a copy of this Petition and Consent to those parties listed in SDCL 29A-5-410.**

Dated this _____ day of _____, 20_____.

Interested Person’s Signature
(*Sign only in front of a Notary or Clerk*)

Mailing Address

City, State, and Zip Code

Phone Number

E-mail Address

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

(SEAL)

Notary Public/Clerk of Court

If Notary, my commission expires:

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

_____ Plaintiff _____ Defendant	FILE NO: _____ Consent (To Serve as Successor for Resignee)
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I, _____, being first duly sworn, state as follows:
(Full Legal Name of Consenting Successor or Agent)

1. I am qualified to serve as the Successor to _____, based on the requirements set out in SDCL 29A-5-110. *(Name of Resignee)*
2. I have reviewed the Resignee’s Petition for Resignation to which this Consent attaches.
3. I affirm and attest that the capabilities the Resignee attributed to me (or my principal, if an agent) for providing an active and suitable program of guardianship and/or conservatorship in Part 5 of the Petition for Resignation, are true and correct.
4. I hereby freely and voluntarily, and not as a result of any threat or premise, consent to serve as the Successor (Guardian, Conservator, Guardian & Conservator) for

(Name of Minor / Protected Person)

Dated this _____ day of _____, 20_____.

Interested Person’s Signature
(Sign only in front of a Notary or Clerk)

Mailing Address

City, State, and Zip Code

Phone Number

E-mail Address

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

(SEAL)

Notary Public/Clerk of Court

If Notary, my commission expires:

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

_____ Plaintiff _____ Defendant	FILE NO: _____ Affidavit of Mailing
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I, _____, being sworn, state that on _____,
(Full Legal name of Petitioner) *(Month)*
 _____, _____, I served the Petition for Resignation and Consent on the parties by placing
(Day) *(Year)*
 true and correct copies of the document in envelopes addressed to:

NAMES	MAILING ADDRESSES

and depositing the envelopes, with sufficient postage, in the United States Mail at

_____, _____.
(City) *(State)*

Dated this _____ day of _____, 20_____.

 Signature of Petitioner
(Sign only in front of a Notary or Clerk)

 Name: (Printed)

Mailing Address

City, State and Zip Code

Telephone Number

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

(SEAL)

Notary Public/Clerk of Court

If Notary, my commission expires:
