INSTRUCTIONS AND FORM ON AFFIDAVIT IN SUPPORT OF MOTION

Please note that court staff cannot provide you with legal advice or assist you in completing these forms. The use of these forms does not guarantee you will be successful in court. It is highly encouraged that you speak with an attorney if you are needing assistance. If you have specific questions regarding the forms, you may contact the legal form helpline at 1-855-784-0004 or email UJS staff at ujssrlhelp@ujs.state.sd.us. Additionally, for more information on South Dakota laws, you can also visit the South Dakota Legislature website.

IMPORTANT NOTICES:

This is an optional form you can file in Support of your Motion (UJS-335) to provide additional information to the court that you believe to be relevant to your motion.

Complete this form by:

- Complete the caption by filing in the county name, judicial circuit number, Plaintiff and Defendant name, and file number. All of this can be found on any previous filing completed in your case.

 You can also contact the Clerk of Court, legal help line, or email UJS staff for this information.

 Complete the caption by filling in the line provided with a brief statement of what you are asking the Court to do.

 This should be completed as the same title as your Motion (UJS-335).

 Complete paragraphs one through four.
 Sign and date once in front of a notary or Clerk of Court.
- ☐ Mail a copy of everything you filed with the Clerk of Court to the opposing party at least twenty days before the hearing.

☐ File the original form along with the Motion (UJS-335), any supporting attachments/exhibits, and the Notice of Hearing (UJS-336), if you are requesting a hearing, with the Clerk of Court. Remember to retain a copies for your records.

□ Complete an Affidavit of Mailing (UJS-338) and file with the Clerk of Court.

The opposing party may file a Responding Affidavit if they disagree with any of the statements above.

	Plaintiff / Defendant Signature (circle one)
	Plaintiff / Defendant Name (circle one)
Sworn/affirmed before me this day	
of, 20	Address
Notary/Deputy Clerk/Clerk of Court	City, State, Zip Code
My Commission Expires:	Phone Number

Dated this _____, 20______,