

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><input type="checkbox"/> A Minor or <input type="checkbox"/> A Protected Person</p>	<p>FILE(S) NO: _____</p> <p>Conservator's Petition to</p> <p><input type="checkbox"/> Modify <input type="checkbox"/> Terminate</p> <p>Conservatorship</p>
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I/We, _____, the Conservator(s) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

1. I was appointed conservator of the above-mentioned Individual on _____ (month), _____ (day), _____ (year).

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

3. My contact with the Individual includes (please describe frequency and types of contact – in person, over the phone, etc. – and also describe the Individual's ability to communicate):

4. As a result of these contacts, I request the Court (*select one*):

a. TERMINATE the conservatorship, or MODIFY the conservatorship as follows:

_____.

b. This request to modify or terminate is based on (1) my observations that the need for the conservatorship has changed AND/OR (2) the fact that the current Conservator(s) are unable or unwilling to exercise the assigned duties and no other suitable conservator candidate is capable or willing (*please explain below*):

_____.

I/We swear or affirm under oath that the information I/we provided in this Petition and Affidavit is true and correct to the best of my/our knowledge. I/We affirm that this Petition and Affidavit is brought in the best interest of the above-named Individual. I/We request a hearing on this Petition pursuant to SDCL 29A-5-508. **If I/we seek to terminate, attached to this Petition is the Final Accounting and Objection Notice (if not waived by the Court per SDCL 29A-5-409).**

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)