

<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 style="text-align: center;">Guardian’s Petition to <input type="checkbox"/> Modify <input type="checkbox"/> Terminate Guardianship</p>
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I/We, _____, the Guardian(s) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

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

2. I provided 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 guardianship, or MODIFY the guardianship as follows:

_____.

_____.

b. This request to modify or terminate is based on (1) my observations that the need for the guardianship has changed AND/OR (2) the fact that Guardian(s) are unable or unwilling to exercise the assigned duties and no other suitable guardian candidate is capable or willing, as described 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-names 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 Report, if order [for Minor Guardianship] or not waived by the Court [for Protected Person Guardianship] per SDCL 29A-5-401, -403.**

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)