

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Conservatorship; <input type="checkbox"/> Guardianship; <b>or</b> <input type="checkbox"/> Guardianship &amp; Conservatorship</p> <p>Of: _____</p> <p>a <input type="checkbox"/> Minor <input type="checkbox"/> Protected Person</p>	<p>File NO: _____</p> <p><b>Guardian &amp; Conservator's Petition to</b> <b><input type="checkbox"/> Modify <input type="checkbox"/> Terminate</b> <b>Guardianship &amp; Conservatorship</b></p>
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I/We, \_\_\_\_\_, the Guardian-Conservator(s) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

1. I was appointed Guardian and 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:

a. With regard to the Guardianship: ☐ RETAIN ☐ TERMINATE ☐ MODIFY as follows:

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

- b. With regard to the conservatorship: ☐ RETAIN ☐ TERMINATE ☐ MODIFY as follows:

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

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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), and Final Report, if ordered [Minor] or not waived by the Court [Protected Person] 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)