

<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>Protected Person’s Petition to <input type="checkbox"/> Modify <input type="checkbox"/> Revoke <input type="checkbox"/> Terminate</p>
---	---

I, _____, the Protected Person in the Above-captioned matter, being duly sworn upon oath, state and affirm the following:

1. The Order of Appointed in this matter was entered on _____ (month), _____ (day), _____ (year).

2. The Order of Appointment required that I receive the following assistance, services, and protection (please detail):

3. I have been contacted by my Guardian/Conservator as follows (please describe frequency and types of contact - in person, over the phone, etc. – and your ability to communicate):

4. I request the Court (*select one*):
a. TERMINATE this case

b. REVOKE the Guardian/Conservator's authority and replace him/her with:

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

c. MODIFY the Guardianship and/or Conservatorship as follows:

_____.

5. **[If seeking to modify or terminate]** This request is based on (1) my observations that the need for the Guardianship and/or Conservatorship has changed; AND/OR (2) the fact that Guardian/Conservator is unable or unwilling to exercise the assigned duties and no other suitable candidate is capable or willing. (*Please describe below*):

_____.

I swear or affirm under oath that the information I provided in this Petition and Affidavit is true and correct to the best of my knowledge. I request a hearing on this Petition pursuant to SDCL 29A-5-508.

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: (____) _____