

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>Protected Person's Petition to</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Revoke</b> <input type="checkbox"/> <b>Terminate</b></p>
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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*):

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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*):

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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: (\_\_\_\_) \_\_\_\_\_