

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

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

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

_____ Plaintiff _____ Defendant	FILE NO: _____  <p style="text-align: center;"><b>Conservator's Petition to</b>  <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Terminate</b>  <b>Conservatorship</b></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*):

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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*):

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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*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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).**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Conservator's Signature  
*(Sign only in front of a Notary or Clerk)*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

Signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Co-Conservator's Signature(s)  
(if any)

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Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires:

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