

<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>Interested Person’s Petition to <input type="checkbox"/> Modify <input type="checkbox"/> Revoke <input type="checkbox"/> Terminate</p>
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I _____, an Interested Person in the above-captioned matter, being duly sworn upon oath, state and affirm the following:

1. I am filing this Petition and Affidavit on the behalf of the above-names Individual, in that Individual’s best interest.
2. I am an Interested Person, as defined in SDCL 29A-5-102, because *(describe your relationship to the Individual)*: _____
_____.
3. The Order of Appointment in this matter was entered on _____ *(month)*,
_____ *(day)*, _____ *(year)*.
4. The Order of Appointment required that the above-named Individual receive the following assistance, services, and protection *(please detail)*:

_____.
5. 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 ID if business) (Mailing Address)

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

6. **[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: (____) _____