|  |  |
| --- | --- |
| STATE OF SOUTH DAKOTA:  SS:  COUNTY OF Click or tap here to enter text. | IN CIRCUIT COURT  Choose an item. JUDICIAL CIRCUIT |
| IN THE MATTER OF THE GUARDIANSHIP OF  Click or tap here to enter text..,  Minor Child. | File No. Click or tap here to enter text.  **STATEMENT OF FINANCIAL RESOURCES** |

Petitioners, pursuant to SDCL 29A-5-307, submit a statement of financial resources of the minor child to the extent known.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Real Property: | | Click or tap here to enter text. | | | |  | $ | 0.00 |
| Personal Property: | | | Clothing and personal effects | | |  | $ | 0.00 |
| Checking Account(s) Bank: | | | | Click or tap here to enter text. | |  | $ | 0.00 |
| Savings Account(s) Bank: | | | | Click or tap here to enter text. | |  | $ | 0.00 |
| Other Account(s) Bank: | | | | Click or tap here to enter text. | |  | $ | 0.00 |
| SSI benefits: | Click or tap here to enter text. | | | | |  | $ | 0.00 |
| Anticipated Gross Annual Income: | | | | | Click or tap here to enter text. |  | $ | 0.00 |
| Other Anticipated Receipts: | | | | Click or tap here to enter text. | |  | $ | 0.00 |

|  |  |  |
| --- | --- | --- |
| **Annual Grand Total** | **$** | **0.00** |

Dated this Click or tap here to enter text. day of Click or tap here to enter text., 20Click or tap here to enter text..

PETITIONER:

|  |
| --- |
|  |
| (Name) |
| (Street Address) |
| (City), SD 57 |
| (Phone) |

State of South Dakota:

ss:

County of Click or tap here to enter text. :

On this the Click or tap here to enter text. day of Click or tap here to enter text., 20Click or tap here to enter text., before me, the undersigned officer, personally appeared, Click or tap here to enter text., known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public, State of South Dakota

(SEAL)

|  |  |
| --- | --- |
| My Commission Expires: | Click or tap to enter a date. |

Dated this Click or tap here to enter text. day of Click or tap here to enter text., 20Click or tap here to enter text..

PETITIONER:

|  |
| --- |
|  |
| (Name) |
| (Street Address) |
| (City), SD 57Click or tap here to enter text. |
| (Phone) |

State of South Dakota:

ss:

County of Click or tap here to enter text.:

On this the Click or tap here to enter text. day of Click or tap here to enter text., 20Click or tap here to enter text., before me, the undersigned officer, personally appeared, Click or tap here to enter text., known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public, State of South Dakota

(SEAL)

|  |  |
| --- | --- |
| My Commission Expires: | Click or tap to enter a date. |