

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>Guardian's Petition to</b> <input type="checkbox"/> <b>Modify</b> <input type="checkbox"/> <b>Terminate</b> <b>Guardianship</b></p>
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I/We, \_\_\_\_\_, the Guardian(s) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

1. I was appointed guardian of the above-mentioned Individual on \_\_\_\_\_ (*month*),  
\_\_\_\_\_ (*day*), \_\_\_\_\_ (*year*).

2. I provided 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 guardianship, or ☐ MODIFY the guardianship as follows:

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- \_\_\_\_\_.
- \_\_\_\_\_.
- b. This request to modify or terminate is based on (1) my observations that the need for the guardianship has changed AND/OR (2) the fact that Guardian(s) are unable or unwilling to exercise the assigned duties and no other suitable guardian candidate is capable or willing, as described 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 Report, if order [for Minor Guardianship] or not waived by the Court [for Protected Person Guardianship] per SDCL 29A-5-401, -403.**

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

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