

STATE OF SOUTH DAKOTA)
):SS
COUNTY OF _____)

IN CIRCUIT COURT

_____ JUDICIAL CIRCUIT

_____,
Plaintiff,

vs.

_____,
Defendant

FILE NO: _____

**OBJECTION TO THE
IMPLEMENTATION OF THE
SOUTH DAKOTA PARENTING
TIME GUIDELINES**

I _____, pursuant to SDCL 25-4A-16.1, object to the request for the Court to enter an Order implementing the South Dakota Parenting Time Guidelines.

I am answering the Petition implementing South Dakota Parenting Time Guidelines that:

1. I **AGREE** with the following sections of the South Dakota Parenting Time Guidelines:

2. I **DISAGREE** with the following section of the South Dakota Parenting Time Guidelines:

3. I either **PARTIALLY Agree or Disagree** with the following paragraphs of the South Dakota Parenting Time Guidelines: _____

4. I understand that I must comply with the parenting course requirements in SDCL 25-4A-32 in order for this objection to be heard. I have filed, or I will be filing an Affidavit on Court-Approved Parenting Course to comply.

*If you wish to explain your answers to the previous statements please use the space below. If you do not wish to explain your answers further, omit this page when you submit your **Objection** to the Clerk of Courts.*

1.

2.

3.

Dated this _____ day of _____, 20 _____.

Signature

Print Name

Street Address

City, State, Zip

Telephone Number

VERIFICATION

Respondent (person opposing petition), being first duly and sworn, deposes and states that he or she verifies the facts expressed within the Objection are true.

Dated _____, 20__

Respondent's Signature (person opposing petition)

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public/Clerk of Courts

(SEAL)

If Notary, my commission expires: _____

NOTICE OF MAILING STATEMENT

I _____, swear and affirm, under penalty of law, that

I mailed my objection to _____ by U.S. Mail at this address:

Petitioner's (person who filed petition) Name

PO Box/Street Address

City, State, Zip Code

Dated: _____, 20__.

Respondent's (person opposing petition) Signature

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public/Clerk of Courts

(SEAL)

If Notary, my commission expires: _____