STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF _____ _____ JUDICIAL CIRCUIT

In the Matter of the: ☐ Guardianship; ☐ Conservatorship; **or** ☐ Guardianship **&** Conservatorship Of:_____ ☐ A Minor **or** ☐ A Protected Person	FILE(S) NO: _____ **NOTICE OF PETITION OR OBJECTION AND ORDER ON HEARING**

To the Parties: YOU ARE NOTIFIED, as a party to the above-mentioned matter, that a(n):

☐ 1) PETITION TO APPOINT SUCCESSOR (☐Guardian ☐Conservator ☐Guardian & Conservator)

☐ 2) PETITION TO TERMINATE

☐ 3) PETITION TO MODIFY

☐ 4) PETITION TO REVOKE

☐ 5) PETITION TO RESIGN

☐ 6) PETITION FOR HEARING ON GUARDIAN'S REPORT

☐ 7) OBJECTION TO CONSERVATOR ACCOUNTING & REQUEST FOR HEARING

has been filed with the Court in the above-entitled matter, pursuant to SDCL Chapter 29A-5. A copy of said Petition(s)/Objection(s) is attached to this Notice.

☐ **YOU ARE FURTHER NOTIFIED** there shall be a hearing on the Petition(s)/Objection(s) on the _____ day of_____, 20_____, at_____.M., in the _____ County Courthouse, in_____(courtroom), in _____, South Dakota.

☐ **YOU ARE FURTHER NOTIFIED** the request for hearing is **denied**.
Date this _____ day of _____, 20_____.

ATTEST: BY THE COURT:

By:_____ _____
Clerk/Deputy Clerk of Court Circuit Judge

STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF _____ _____ JUDICIAL CIRCUIT

In the Matter of the: ☐ Conservatorship; ☐ Conservatorship; **or** ☐ Guardianship & Conservatorship Of: _____ a ☐ Minor ☐ Protected Person	File NO:_____ **AFFIDAVIT OF MAILING**

I, _____, being sworn, state that on _____,
(Full Legal name of Petition *(Month)*

_____, _____, I served the _____
(Day) *(Year)*

on the parties by placing true and correct copies of the document in envelopes addressed to:

NAMES	**MAILING ADDRESSES**

and depositing the envelopes, with sufficient postage, in the United States Mail at

_____, _____.
(City) *(State)*

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: (____) _____