

STATE OF SOUTH DAKOTA)
)
COUNTY OF _____)

IN CIRCUIT COURT
)
_____ JUDICIAL CIRCUIT
)

In the Matter of the _____ of) _____ GDN _____
)
_____,) PROTECTED PERSON'S PETITION TO
) MODIFY REVOKE TERMINATE
)
a Protected Person.)

I, _____, the Protected Person in the above-captioned matter, being duly sworn upon oath, state and affirm the following:

- 1. The Order of Appointment in this matter was entered on _____ (month), _____ (day), _____ (year).
- 2. The Order of Appointment required that I receive the following assistance, services, and protection (*please detail*):

- 3. I have been contacted by my Guardian/Conservator as follows (*please describe frequency and types of contact—in person, over the phone, etc.—and your ability to communicate*):

- 4. 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: _____

5. **[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):*

[If seeking to revoke] This request is based on the Guardian/Conservator having committed a removable act per SDC 29A-5-504. *(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 _____, _____, _____
(month) (day) (year)

Protected Person's Signature
(sign only in front of Notary or Clerk)

Mailing Address

City, State, and Zip Code

Phone Number

E-mail Address

Print Name of Person Assisting Petitioner (if any)

Signature of Person Assisting Petitioner

Mailing Address, City, State, & Zip – Person Assisting

Phone Number – Person Assisting

Signed and sworn to before me on this _____ day of _____, _____.

(SEAL)

Notary Public/Deputy Clerk of Courts
Commission Expires: