

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

<p>_____ Plaintiff</p> <p>vs</p> <p>_____ Defendant</p>	<p>FILE NO: _____</p> <p style="text-align: center;">AFFIDAVIT ON COURT-APPROVED PARENTING COURSE</p> <p style="text-align: center;">(SDCL 25-4A-32)</p>
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I, _____, hereby swear under oath and under penalty of law that
(Name of party filling out this affidavit)

the following is true to the best of my knowledge and belief:

1. I am a party to the above-captioned action;
2. The above-captioned action involves (*check either or both*) child custody / parenting time issues, is not a protection order proceeding, and does not terminate parental rights.
3. I (*check a, b, or c*):

a. And the other party to the above-captioned action have completed a parenting course approved by the State Court Administrator's Office within the last five years, **with proof of completion (in a certificate or other official form) attached to this Affidavit.**

b. Seek to waive the course requirement for the following good cause (*check one*):

The other party has not responded within the required timeframe (is in default); OR

Other: _____

_____.

c. Seek to delay the course requirement until ____ days after the summons, petition,
(Must be more than 60 days)
or motion (*circle one*) is / was served for the following good cause: _____

_____.

4. I understand that if the course requirement is waived or delayed by the Court, the Court may nevertheless order that I receive the course information in an alternative format.
5. I further understand that a final decree shall not be granted or a final order in this matter shall not be entered until both parties have complied with the parenting course requirement, unless the Court waives or delays participation in the course for good cause.

Dated this _____ day of _____, 20_____.

Petitioner's Signature

Petitioner's Printed Name

Petitioner's Mailing Address

City, State, & ZIP Code

Petitioner's Phone Number

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

Notary Public: South Dakota

My commission expires:

(Seal)