

STATE OF SOUTH DAKOTA

)

IN CIRCUIT COURT

)SS.

COUNTY OF \_\_\_\_\_

)

\_\_\_\_\_ JUDICIAL CIRCUIT

)

\_\_\_\_\_  
Plaintiff

)

No. \_\_\_\_\_

v.

)

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

)

\_\_\_\_\_  
Defendant.

)

)

)

I \_\_\_\_\_, (person opposing=Petitioner) 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 as follows:

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: \_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Print Defendant's 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: \_\_\_\_\_

*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.*

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3.

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