

State of South Dakota

IN CIRCUIT COURT

COUNTY OF _____

ss.

_____ JUDICIAL CIRCUIT

GUARDIANSHIP OF

_____,
A PERSON ALLEGED TO NEED PROTECTION.

GDN No. _____

PETITION FOR APPOINTMENT OF [LIMITED] GUARDIAN

Petitioner states:

1. <PETITIONER>, is a(n) [] relative [] individual responsible for care [] facility responsible for care [] nominated individual or entity [] or other interested person.] whose address is: <ADDRESS>.

2. Name of alleged protected person: <APP>.
Date of birth of alleged protected person: <DATE OF BIRTH>.
Place of residence of alleged protected person: <COUNTY>
Location of alleged protected person: <NURSING HOME, HOSPITAL, INSTITUTION>
Mailing address of alleged protected person: <POST OFFICE BOX, STREET ADDRESS, CITY, STATE, ZIP CODE>

3. The names and post office addresses of the <APP>'s nearest relatives are as follows:
{ Include: Spouse and children, if any; or if none, parents and siblings, if any; or if none, the nearest known relatives who would be entitled to succeed to the person's estate by intestate succession }

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The name and address of the individual or facility responsible for <APP>'s care or custody is:

Name	Address
_____	_____

5. No agent has been designated under a durable power of attorney.
[The name and address(es) of the agent(s) designated under a durable power of attorney executed by <APP> are: _____.]

[Copy of the Durable Power of Attorney is attached]

- 6. <APP>'s incapacity will not prevent attendance at the hearing.
[<APP>'s incapacity will prevent attendance at the hearing for the following reasons:
_____]
- 7. <APP> is not an absentee.
[<APP> is an absentee based upon the following relevant circumstances: _____]
[including time and nature of disappearance/detention along with any search or inquiry]
- 8. A full [limited] guardianship is requested by the petitioner for the following reason(s):
[If limited, the specific areas of protection and assistance are: _____]
- 9. Proposed guardian(s) is <PROPOSED GUARDIAN>, whose address is: _____,
whose age, occupation and relationship, if individual, is: _____.
- 10. No guardian(s) has been nominated.
[<APP> nominates <NOMINATED GUARDIAN>, whose address is: _____,
whose age, occupation and relationship, if individual, is: _____.]
- 11. No guardian has previously been appointed in this state or elsewhere.
[The name and address of guardian(s) of the <APP> previously appointed in this state or
elsewhere, whose appointment has not been terminated is:]

Petitioner requests the court set a time and place for hearing; notice be given as provided by law; the court issue an order granting guardianship; and Letters of Guardianship be issued.

Dated: _____
_____ <PETITIONER>

Subscribed and sworn to before me on _____

(Seal)

Notary Public-South Dakota
My Commission Expires: _____

<ATTORNEY>
<ATTORNEY'S ADDRESS>
<ATTORNEY'S PHONE NUMBER>