

State of South Dakota

IN CIRCUIT COURT

COUNTY OF _____

} ss.

_____ JUDICIAL CIRCUIT

GUARDIANSHIP OF

_____,
A PERSON ALLEGED TO NEED PROTECTION.

}

GDN No. _____

**STATEMENT OF
FINANCIAL RESOURCES**

Comes now _____, the Petitioner and pursuant to SDCL 29-A-5-307 submits a statement of financial resources of the person alleged to need protection to the extent known.

Real Property approximate value \$ _____.

Personal Property approximate value \$ _____.

Checking Account(s) Bank: _____ Current Balance: _____

Savings Account(s) Bank: _____ Current Balance: _____

Other Account(s): _____ Current Balance: _____

The anticipated annual gross income and other receipts of the person alleged to need protection are:

Source of income: _____ Anticipated Annual Amount: _____

Amount payable directly to facility responsible for care: _____

Other Receipts: _____

Dated: _____
_____ Petitioner

Subscribed and sworn to before me on _____.

(SEAL)

Notary Public - South Dakota
My Commission Expires: _____