

State of South Dakota

COUNTY OF _____

}

ss.

IN CIRCUIT COURT

_____ JUDICIAL CIRCUIT

GUARDIANSHIP OF

_____,
A PROTECTED PERSON.

}

GDN No. _____

LETTERS OF *[LIMITED]* GUARDIANSHIP

By Order of the Court, <GUARDIAN> was appointed Guardian of <APP>, a protected person, on <DATE>.

The Letters are issued as evidence of the appointment, qualification, and authority of <GUARDIAN> to do and perform all acts authorized by law. *[The authority of the guardian is limited to the following areas:]*

Dated _____

BY THE COURT:

<CIRCUIT JUDGE>

ATTEST:

Clerk

(Seal)

State of South Dakota

IN CIRCUIT COURT

COUNTY OF _____

} ss.

_____ JUDICIAL CIRCUIT

GUARDIANSHIP OF

_____,
A PROTECTED PERSON.

} GDN No. _____

ACCEPTANCE OF OFFICE

I accept the appointment of Guardian of <APP> and will perform the duties of Office in accordance to law and Order of the Court, and will submit to the personal jurisdiction of this Court in any proceeding relating to the <APP> instituted by any interested person.

Dated _____

<GUARDIAN>