



# YANKTON SIOUX TRIBAL COURT

P.O. Box 980  
Wagner, SD 57380  
Telephone (605) 384-5578  
FAX (605) 384-5892

Date: \_\_\_\_\_ )

GDN: \_\_\_\_\_ )

In the Manner of the Guardianship of: \_\_\_\_\_ )

IN THE MATTER OF GUARDIANSHIP

Name: \_\_\_\_\_ )

☐ Guardianship

Birth Date: \_\_\_\_\_ )

☐ Temporary ☐ Successor

☐ Permanent ☐ Standby

Petitioner: \_\_\_\_\_ )

☐ PROTECTIVE PLACEMENT

Under Oath, I petition the Court for: Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

☐ The appointment of the guardian of the ☐ Person ☐ Estate ☐ Protective placement

1. The petitioner is \_\_\_\_\_ who resides at \_\_\_\_\_

\_\_\_\_\_ Petitioner ☐ is ☐ is not an enrolled member of the Yankton Sioux Tribe.

2. The Proposed ward's

- Post office address is: \_\_\_\_\_
- Residence is: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Tribal Affiliation: \_\_\_\_\_

3. The proposed ward is in need of a guardian, of the type checked above, for the following reasons: (Briefly Describe)

4. The relationship of the proposed Guardian to the Ward is: \_\_\_\_\_

5. The proposed ward has or is entitled to:

- ☐ Personal Property, Value \$ \_\_\_\_\_
- ☐ Real Estate, Value \$ \_\_\_\_\_
- ☐ Social Security \$ \_\_\_\_\_
- ☐ Veterans Administration Benefits \$ \_\_\_\_\_
- ☐ Other Claims, Income, Compensation, etc. \$ \_\_\_\_\_
- ☐ Medical Assistance ☐ None of the Above

6. Of the present assets, \_\_\_\_\_ were derived from the Veterans Administration. The additional information required by the Uniform Veterans Act. If applicable, is \_\_\_\_\_

7. The present guardian is (if none, so state):

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. The person nominated as guardian of:

- ☐ Person is: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- ☐ Estate is: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Address: \_\_\_\_\_

9. ☐ The Person nominated as a standby guardian is:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_

10. The Person or institution having the care and custody of the proposed ward is:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_

11. The names and post office addresses of the spouse, presumptive or apparent adult heirs of proposed ward, and all other Interested persons are:

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

12. The petitioner believes that the proposed ward should retain the following power(s), if any:

- ☐ Vote ☐ Marry ☐ Contract ☐ Hold or Convey Property ☐ Obtain a motor vehicle operator's license  
☐ Other: \_\_\_\_\_

*I swear under the penalty of perjury and under oath that all responses in this Petition are true and correct to the best of our knowledge and belief.*

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN TO** me before this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

(SEAL)

\_\_\_\_\_  
**My Commission Expires**