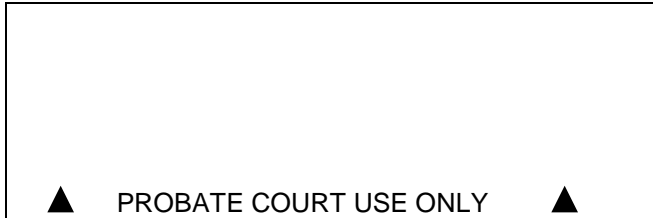


STATE OF SOUTH CAROLINA

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

IN THE MATTER OF:

Decedent     Alleged Incapacitated Individual



IN THE PROBATE COURT  
CASE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Petitioner(s),

vs.

\_\_\_\_\_  
Respondent(s).\*

**SUMMONS**

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*Please Type or Print.*

\_\_\_\_\_  
(Name of Petitioner/Attorney for Petitioner)

\_\_\_\_\_  
(Street Address or Mailing Address)

\_\_\_\_\_  
(City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

\_\_\_\_\_  
Signature of Petitioner(s)/Attorney for Petitioner(s)

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

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 a ward/protected person. )  
 )  
 \_\_\_\_\_, )  
 )  
 vs. Petitioner(s), )  
 )  
 \_\_\_\_\_, )  
 Respondent(s). )

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT  
 CASE NUMBER \_\_\_\_\_ -GC- \_\_\_\_\_ - \_\_\_\_\_  
**PETITION FOR FORMAL RELIEF**

- Guardianship**  
 **Conservatorship**

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

What is your relationship to the proceeding?  
 Ward/Protected Person       Guardian       Conservator       Interested Person

**A. RELIEF REQUESTED IN REGARD TO A CONSERVATORSHIP** (check all that apply):  
 (Skip to SECTION B if you are only seeking relief in regard to a guardianship)

- 1. Termination/Discharge of the Conservator because:  
 \_\_\_\_\_
- 2. Resignation of the Conservator because:  
 \_\_\_\_\_
- 3. Appointment of a Successor Conservator:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to the Protected Person: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to the Protected Person: \_\_\_\_\_

- 4. Protected Person has regained capacity.
  - a.  An Examiner Report and Affidavit Regarding Capacity is attached.
- 5. Limitation or expansion of the powers and duties of the conservatorship.
  - a. In what way(s) are you requesting that the conservatorship be limited or expanded? Explain why.

- 6. Distribution from the Protected Person's Estate.
  - a. What is the amount and reason for the requested distribution?  
\_\_\_\_\_
  - b. What reason (if any) has the Conservator given to deny the request?  
\_\_\_\_\_
  
- 7. Authorization of a transaction involving a conflict of interest.
  - a. Describe the transaction requested and the conflict of interest.  
\_\_\_\_\_
  - b. Why do you believe this transaction is in the best interest of the Protected Person in light of the conflict of interest?  
\_\_\_\_\_
  
- 8. Other relief.
  - a. Describe the relief you are requesting.  
\_\_\_\_\_
  - b. Why is the requested relief necessary?  
\_\_\_\_\_

**NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.**

**B. RELIEF REQUESTED IN REGARD TO A GUARDIANSHIP (check all that apply):**

- 1. Termination/Discharge of the Guardian because:  
\_\_\_\_\_
  
- 2. Resignation of the Guardian because:  
\_\_\_\_\_
  
- 3. Appointment of Successor Guardian. Proposed Successor Guardian(s):
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Preferred Telephone: \_\_\_\_\_
  - Secondary Telephone: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Relationship to the Protected Person: \_\_\_\_\_
  
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Preferred Telephone: \_\_\_\_\_
  - Secondary Telephone: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Relationship to the Protected Person: \_\_\_\_\_
  
- 4. Protected Person has regained capacity.
  - a.  A Examiner Report and Affidavit Regarding Capacity is attached.

5. Limitation or expansion of the powers and duties of the guardianship.  
a. In what way(s) are you requesting that the guardianship be limited or expanded? Explain why.

\_\_\_\_\_

6. Other Relief.  
a. Describe the relief you are requesting.

\_\_\_\_\_

b. Why is the requested relief necessary?

\_\_\_\_\_

**NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.**

I request that the Court grant the relief I requested above. I understand that I must serve all interested parties with this Summons and Petition for Formal Relief. I understand that the Court may appoint a Guardian *ad Litem* and/or attorney to represent the Ward/Protected Person. I understand that I may be responsible for the Guardian *ad Litem* and attorney's fees incurred in pursuing this action.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the Protected Person/Ward: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Attorney for: \_\_\_\_\_