

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

IN THE MATTER OF:)
)
_____,)
a ward/protected person)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
CASE NUMBER _____-GC-_____-_____

**APPLICATION FOR REGISTRATION AND
RECOGNITION OF GUARDIANSHIP AND/OR
CONSERVATORSHIP ORDER(S) FROM ANOTHER STATE**

This Application for Registration and Recognition of Guardianship and/or Conservatorship Order(s) from Another State and Sworn Statement are submitted pursuant to S.C. Code Ann. § 62-5-716 of the South Carolina Adult Guardianship and Protective Proceedings Jurisdiction Act.

1. I, _____, was appointed as the:

- Guardian of the person;
- Guardian of the property;
- Conservator;
- Other: _____

for an adult in the State of _____ on the _____ day of _____, 20_____.

2. I hereby file with this Court certified, exemplified, or authenticated copies of the following documents:

- The foreign court's order(s) of appointment and any subsequent orders issued by the foreign court, including the notice of intent to register;
- Reports of examiner(s);
- The foreign court's letters or other documents evidencing or affecting my authority to act as guardian and/or conservator;
- Any bond(s) filed with the appointing foreign court;
- All reports of guardian, inventories and annual accountings filed with the appointing foreign court;
- Other: _____

3. By signing this form I declare that to the best of my knowledge, information, and belief:

- a. No petition for appointment of a temporary guardian, guardian, temporary conservator and/or conservator is pending for the ward or protected person in another jurisdiction;
- b. The interstate guardianship and/or conservatorship order remains in force;
- c. There are no circumstances that might lead to the revocation or variation of the guardianship and/or conservatorship order by the appointing foreign court; and
- d. The statutorily required notice to the foreign appointing court of intent to register was given on the _____ day of _____, 20_____.

VERIFICATION

The Petitioner, being sworn, states that the facts set forth in the Petition are true to the best of the Petitioner's knowledge, information and belief.

Petitioner:

Executed this _____ day of _____, 20_____.

SWORN to before me this _____ day of _____, 20 _____.

Print Name: _____

Notary Public for: _____ (State)

My Commission Expires: _____ (Date)

Applicant's Signature: _____

Print Name: _____

Address: _____

Preferred Telephone: _____

Secondary Telephone: _____

Email: _____

Relationship to the Protected Person/Ward: _____

Co-Petitioner:

Executed this _____ day of _____, 20_____.

SWORN to before me this _____ day of _____, 20 _____.

Print Name: _____

Notary Public for: _____ (State)

My Commission Expires: _____ (Date)

Co-Applicant's Signature: _____

Print Name: _____

Address: _____

Preferred Telephone: _____

Secondary Telephone: _____

Email: _____

Relationship to the Protected Person/Ward: _____

Executed this _____ day of _____, 20_____.

Attorney Signature: _____

Print Name: _____

Firm Name: _____

Bar Number: _____

Address: _____

Telephone: _____

Email: _____

Attorney for: _____