|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) |  |
|      ,  | ) |  |
| an alleged incapacitated individual. | ) | PROBATE COURT USE ONLY |
|  | )) | IN THE PROBATE COURT |
|      ,  | ) | CASE NUMBER      -GC-     -      |
| Petitioner(s), | ) |  |
| vs. | ) | **MOTION FOR APPOINTMENT** |
|      , | ) | **OF COUNSEL FOR** |
| Respondent(s). | ) | **EMERGENCY OR TEMPORARY PROCEEDINGS** |

Pursuant to the South Carolina Probate Code, I request that an attorney be appointed for                          , an alleged incapacitated individual (A.I.I.), for emergency or temporary proceedings pending before the Court. I understand that I am responsible for the fees and costs of the attorney unless otherwise ordered by the Court.

 Executed this       day of                , 20     .

 Petitioner/Movant