|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )))) | CASE NUMBER      -GC-     -     **ACCEPTANCE OF SERVICE; RENUNCIATION/NOMINATION** |

**ACCEPTANCE OF SERVICE**

[ ]  I accept service of a copy of the Summons and Petition in this matter pursuant to Rule 4(j), SCRCP at the following location:       on the following date: ; and/or

**RENUNCIATION/NOMINATION FOR CONSERVATORSHIP**

(Check only one of the following two boxes):

[ ]  I renounce my right to be considered for appointment as conservator; OR

[ ]  I renounce my right to be considered for appointment as conservator and nominate the following person:

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
|  |       |
| Preferred Telephone: |       |
| Secondary Telephone: |       |
| Email: |       |
| Relationship to alleged incapacitated individual: |       |

**RENUNCIATION/NOMINATION FOR GUARDIANSHIP**

(Check only one of the following two boxes):

[ ]  I renounce my right to be considered for appointment as guardian; OR

[ ]  I renounce my right to be considered for appointment as guardian and nominate the following person:

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
|  |       |
| Preferred Telephone: |       |
| Secondary Telephone: |       |
| Email: |       |
| Relationship to alleged incapacitated individual: |       |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |       | day of | Signature: |       |
|      , | 20 |      . | Print Name: |       |
|  | Address: |       |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |       |
| Print Name: |                           | Preferred Telephone: |       |
| Notary Public for: |                 | Secondary Telephone: |       |
|  | (State) | Email: |       |
| My Commission Expires: |           (Date) | Relationship to the alleged incapacitated individual: |       |