|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )) | CASE NUMBER      -GC-     -      |
|  | ) | **WAIVER BY ALLEGED INCAPACITATED INDIVIDUAL** |
|  | ) |  |

By signing this document, I freely and voluntarily waive: (*Check all that apply.*)

[ ]  **Notice of a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

 I understand that if I do not check this box waiving notice, I am legally entitled to at least twenty (20) days notice of a hearing unless the Court provides for a different time of giving notice.

[ ]  **The right to be present at a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

**[ ]  The right to a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I check this box waiving my right to a hearing that the Court may proceed without a hearing and enter a temporary consent order regarding whether I need a guardian, a conservator, or a protective order. I further understand that the court will enter a temporary consent order for 30 days, and I can change my mind and request a formal hearing during that 30 days.

I understand and acknowledge that I am not required to complete this waiver and that I may discuss this waiver with my attorney and/or Guardian *ad Litem*. I understand that I may rescind this waiver prior to the issuance of a final order by filing a written document with the court to that effect.

|  |
| --- |
| Executed this       day of      , 20     . |

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

|  |  |
| --- | --- |
| Attorney Signature: |  |
| Print Name: |       |
| Firm Name:  |       |
| Bar Number: |       |
| Address: |       |
|  |       |
| Telephone: |       |
| Email: |       |
| Attorney for: |       |