|  |  |  |
| --- | --- | --- |
| 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     . |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |