|  |  |  |
| --- | --- | --- |
| 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 OF NOTICE** |

I waive receipt of a copy of the following item(s) pertaining to the above matter as indicated. I understand that by waiving the following items, I will not receive any copies or notices related to the item(s) waived.

[ ]  Application for informal appointment

[ ]  Petition for formal appointment

[ ]  Notice of Hearing on

[ ]  Inventory and Appraisement (including Supplementary, Amended or Corrected)

[ ]  Accounting (Interim or Final)

[ ]  Application for Discharge

[ ]  Any petition and corresponding order

[ ]  Any hearings, Right to Appear, or Notice of Appearance

[ ]  Other (specify):

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

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |       |
| Address: |       |
|  |       |
| Preferred Telephone: |       |
| Secondary Telephone: |       |
| Email: |       |
| Relationship to the proceeding: |       |

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