

STATE OF SOUTH CAROLINA)

COUNTY OF HORRY)

IN THE MATTER OF:)

_____,)
a protected person.)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
CASE NUMBER -GC-26-

**APPLICATION FOR RELIEF
(CONSERVATORSHIP)**

Applicant: _____

What is your relationship to the proceeding?

Protected Person Guardian Conservator Interested Person Other: _____

RELIEF SOUGHT (check all that apply)

- 1. Termination/Discharge of the Conservator because (check all that apply):
 - Protected Person died on _____ .
 - Obituary is attached.
 - Death Certificate is attached.
 - Final Accounting is attached and approval of same is requested.
 - Protected Person's original Will is attached.
 - The Conservator died on _____ .
 - Obituary is attached.
 - Death Certificate is attached.
 - Protected Person has reached the age of eighteen (18) or has been emancipated by Court Order.
 - Birth Certificate is attached.
 - Court Order is attached.
 - Final Accounting is attached and approval of the same is requested.
 - Other: _____
 - The net aggregate amount of the conservatorship assets is less than \$15,000.
 - Final Accounting is attached and approval of the same is requested.
 - Protected Person has regained capacity.
 - A Doctor's Affidavit regarding capacity is attached.
- 2. Require an increase or reduction in the conservatorship bond or security.
Bond should be set at the following amount: \$ _____
- 3. Require the Conservator to complete a current Conservator Report (FORM #567GC-SF).
- 4. Approval for payment of the Protected Person's funeral expenses in the amount of: \$ _____
 A quote for the funeral expenses is attached.
- 5. Resignation of the Conservator. The reason for the resignation is:

- 6. Removal of the Conservator for the following reason:

7. Appointment of a Successor Conservator:

Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

Relationship to the Protected Person: _____

Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

Relationship to the Protected Person: _____

8. Other relief as provided for in S.C. Code Ann. § 62-5-413 or S.C. Code Ann. § 62-5-422(B).

Describe the relief you are requesting.

Why is the requested relief necessary?

NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.

The Court may approve or deny the application without notice, require notice to such persons as the Court directs, or may require the commencement of a formal proceeding pursuant to S.C. Code Ann. § 62-5-428(B). By filing this document, the Applicant is personally submitting to the jurisdiction of this Court.

Executed this ____ day of ____, 20____.

Signature: _____
Print Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

Relationship to the Protected Person: _____

Attorney Signature: _____
Print Name: _____
Firm Name: _____
Bar Number: _____
Address: _____

Telephone: _____
Email: _____
Attorney for: _____