

STATE OF SOUTH CAROLINA

COUNTY OF: HORRY

IN THE MATTER OF:

Decedent     Alleged Incapacitated Individual

<span style="font-weight: bold; font-size: 1.2em;">PROBATE COURT USE ONLY</span>
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IN THE PROBATE COURT  
CASE NUMBER        -        -        -

Petitioner(s),  
vs.  
Respondent(s).\*

**SUMMONS**

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*Please Type or Print.*

(Name of Petitioner/Attorney for Petitioner)

(Street Address or Mailing Address)

(City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

\_\_\_\_\_  
Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: