|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) |  |
| **IN THE MATTER OF:**  | ) |  |
|       | ) | CASE NUMBER:      |
| (Decedent)  | ) |  |

**MOTION TO**

|  |  |  |
| --- | --- | --- |
|  | **[ ]**  | **WITHDRAW AS ATTORNEY** |
|  | **[ ]**  | **SUBSTITUTE ATTORNEYS** |
|  | **[ ]**  | **REMOVE AN ATTORNEY** |

|  |  |
| --- | --- |
| Movant:  |        |

|  |  |
| --- | --- |
| 1. | The undersigned request(s) that this Court order (*check the one that applies*) |
|  |  |
|  |  [ ]  that he/she be permitted to withdraw as attorney for      |
|  |  [ ]  that       be substituted for him/her as attorney for       |
|  |  [ ]  that     be removed as attorney for       |
|  |  |
|  |  in the above-referenced matter. |
|  |  |
| 2. |  Movant(s) make(s) this Motion (*check the one that applies*) |
|  |  |
|  |  [ ]  with the consent of his/her client(s) as evidenced by his/her/their signature(s) on page 2 |
|  |  [ ]  with the consent of his/her client(s) and proposed succeeding counsel as evidenced by their signatures below |
|  |  [ ]  for the following reason(s) (*see Rule 1.16, Rules of Professional Conduct; attach extra pages, if needed*):  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Signature: |  |
| Name: |       | Name: |       |
| Address: |       | Address: |       |
|  |       |  |       |
| Telephone: |       | Telephone: |       |
| Email: |       | Email: |       |
| Relationship to Decedent/Estate: |       | Relationship to Decedent/Estate: |       |

|  |
| --- |
|  |

## ORDER FOR HEARING

IT IS HEREBY ORDERED that a hearing on this matter be set for:

|  |  |
| --- | --- |
| DATE: |       |
| TIME: |       |
| PLACE: |       |

**THE MOVANT(S) IS/ARE ORDERED** to give notice of this hearing to all other interested persons pursuant to Rule 5, SCRCP by mailing or delivering his/her/their Notice of Hearing (FORM #326ES) and appropriate attachments to each of them at least ten (10) days prior to the Hearing date. **PLEASE TAKE NOTICE** that a copy of this order is neither a substitute for the Notice of Hearing, nor one of the “appropriate attachments”. **THE MOVANT(S) IS/ARE FURTHER ORDERED** to file his/her/their Proof of Delivery (FORM #120PC) of said Notice of Hearing no later than the hearing date.

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

|  |
| --- |
|  |
| [ ]  R. Allen Beverly, Jr., Probate Court Judge[ ]  Charles R. Rhodes Jr., Chief Associate Probate Court Judge[ ]  Angela D. Harrison, Associate Probate Court Judge |
|  |

**ORDER**

IT IS HEREBY ORDERED that this application be [ ]  GRANTED [ ]  DENIED and

|  |  |
| --- | --- |
|  |  [ ]  that he/she is permitted to withdraw as attorney for       |
|  |  [ ]  that      be substituted for        as attorney for        |
|  |  [ ]  that      be removed as attorney for        |
|  |  [ ]  that       shall continue representation as attorney for       |

 in the above-referenced matter. Written notice of change of attorney, if granted, must be served as provided by Rule 5,

 SCRCP. If representation is terminated, the attorney shall take steps to the extent reasonably practicable to protect

 his/her client’s interests.

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

|  |
| --- |
|  |
| [ ]  R. Allen Beverly, Jr., Probate Court Judge[ ]  Charles R. Rhodes Jr., Chief Associate Probate Court Judge[ ]  Angela D. Harrison, Associate Probate Court Judge |

**I/WE CONSENT**:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Signature: |  |
| Name: |       | Name: |       |
| Address: |       | Address: |       |
|  |       |  |       |
| Telephone: |       | Telephone: |       |
| Email: |       | Email: |       |