|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) |  |
|      ,  | ) |  |
| [ ]  Decedent [ ]  Alleged Incapacitated Individual[ ]  Minor [ ]  Other:       | )) | PROBATE COURT USE ONLY |
|  | )) |  IN THE PROBATE COURT |
|      ,  | ))) | CASE NUMBER      -GC-26-      |
| Petitioner(s), | ) |  |
| vs. | ) | **SUMMONS** |
|      , | )) |   |
| Respondent(s).\* | ) |  |

\*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:

|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) |  |
|      ,  | ) |  |
| a ward/protected person. | ) | PROBATE COURT USE ONLY |
|  | )) | IN THE PROBATE COURT |
|      ,  | ) | CASE NUMBER      -GC-26-      |
| Petitioner(s), | ) |  |
| vs. | ) | **PETITION FOR FORMAL RELIEF** |
|      , | ) |  |
| Respondent(s). | ) |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **[ ]**  | **Guardianship** |
| **[ ]** **[ ]**  | **Conservatorship****Protective Arrangement Pursuant to §62-5-405(A)(1)** |
|  |  |
| Petitioner: |  |
|  |  |
|  | What is your relationship to the proceeding?  |
|  | **[ ]**  | Ward/Protected Person |  | **[ ]**  | Guardian |  | **[ ]**  | Conservator |  | **[ ]**  | Interested Person |
|  |
| **A.** | **RELIEF REQUESTED REGARDING CONSERVATORSHIP** (check all that apply):(Skip to SECTION B if you are seeking relief regarding a guardianship or to SECTION C if you are seeking relief regarding a protective arrangement.) |
|  |  |
|  | **[ ]**  | 1. | Termination/Discharge of the Conservator because:  |  |
|  |  |  |       |
|  |  |  |  |  |  |
|  | **[ ]**  | 2. | Resignation of the Conservator because:  |  |
|  |  |  |       |
|  |  |  |  |
|  | **[ ]**  | 3. | Appointment of a Successor Conservator. Proposed Successor Conservator(s): |
|  |  |  |  |
|  |  | Name: |       |
|  |  |  | Address: |       |
|  |  |  |  |       |
|  |  |  | Preferred Telephone:  |       |
|  |  |  | Secondary Telephone:  |       |
|  |  |  | Email: |       |
|  | Relationship to the Protected Person: |       |
|  |  |  |  |
|  |  |  |  |
|  | **[ ]**  | 4. | Protected Person has regained capacity.  |
|  | a. | **[ ]**  | An Examiner Report and Affidavit Regarding Capacity is attached.  |
|  | **[ ]**  | 5. | Limitation or expansion of the powers and duties of the conservatorship.  |
|  |  |  |  |  |
|  |  |  | a. | In what way(s) are your requesting that the conservatorship be limited or expanded? Explain why. |
|  |  |  |  |       |
|  | **[ ]**  | 6. | Distribution from the Protected Person’s Estate. |
|  |  |  |  |  |
|  |  |  | a. | What is the amount and reason for the requested distribution?  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  | b. | What reason (if any) has the Conservator given to deny the request?  |
|  |  |  |  |       |
|  |  |  |  |
|  | **[ ]**  | 7. | Authorization of a transaction involving a conflict of interest. |
|  |  |  |  |
|  |  |  | a.  | Describe the transaction requested and the conflict of interest.  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  | b. | Why do you believe this transaction is in the best interest of the Protected Person in light of the conflict of interest?  |
|  |  |  |  |       |
|  |  |  |  |  |
|  | **[ ]**  | 8. | Other relief. |
|  |  |  |  |
|  |  |  | a. | Describe the relief you are requesting.  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  | b. | Why is the requested relief necessary?  |
|  |  |  |  |       |
|  |  |  |  |  |
| **B.** | **RELIEF REQUESTED REGARDING GUARDIANSHIP** (check all that apply): |
|  |  |
|  | **[ ]**  | 1. | Termination/Discharge of the Guardian because: |  |
|  |       |
|  |  |  |  |
|  | **[ ]**  | 2. | Resignation of the Guardian because:  |  |
|  |  |  |       |
|  |  |  |  |
|  | **[ ]**  | 3. | Appointment of Successor Guardian. Proposed Successor Guardian(s): |
|  |  |  | ` |
|  |  | Name: |       |
|  |  |  | Address: |       |
|  |  |  |  |       |
|  |  |  | Preferred Telephone:  |       |
|  |  |  | Secondary Telephone:  |       |
|  |  |  | Email: |       |
|  | Relationship to the Ward: |       |
|  |
|  |
|  | **[ ]**  | 4. | Protected Person has regained capacity.  |
|  | [ ]  |  | An Examiner Report and Affidavit Regarding Capacity is attached.  |
|  | **[ ]**  | 5. | Limitation or expansion of the powers and duties of the guardianship. |
|  |  |  |  |  |
|  |  |  | a. | In what way(s) are your requesting that the guardianship be limited or expanded? Explain. |
|  |  |  |  |       |
|  |  |  |  |  |
|  | **[ ]**  | 6. | Other Relief. |
|  |  |  |  |
|  |  |  | a. | Describe the relief you are requesting.  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  | b. | Why is the requested relief necessary?  |
|  |  |  |  |       |
|  |  |  |  |
| **C. RELIEF REQUESTED REGARDING A PROTECTIVE ARRANGEMENT** (check all that apply):1. Is there currently a fiduciary for the individual? [ ]  Yes [ ]  No. If yes, what type of fiduciary?

[ ]  Conservator [ ]  Special Conservator [ ]  Guardian [ ]  Trustee [ ]  Other:      Fiduciary Information:

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
|  |       |
| Preferred Phone: |       |
| Email: |       |
| Relationship to minor/incapacitated individual: |       |

1. What action are you asking the Court to take?

[ ]  Authorization of [ ]  Direction of [ ]  Ratification of a provision within a protective arrangement[[1]](#footnote-1) that is in the best interest of the minor or incapacitated individual. (Note: For sale of real property or an interest in real property, use Form \_\_\_\_GC.)1. Why is this formal action necessary to accomplish the requested relief?

\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**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.**I request that the Court grant the relief I requested herein. I understand that I must serve all interested parties with this Summons and Petition for Formal Relief. I understand that the Court may appoint a Guardian *ad Litem* (GAL)and/or attorney to represent the Ward/Protected Person. I understand that I may be responsible for the GAL and attorney’s fees incurred in pursuing this action.  |
|  |

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

|  |  |  |
| --- | --- | --- |
|  | Signature: |  |
|  | Print Name: |       |
|  | Address: |       |
|  |  |       |
|  | Preferred Telephone: |       |
|  | Secondary Telephone: |       |
|  | Email: |       |
| Relationship to the Protected Person/Ward: |       |
|  |  |  |
|  | Attorney Signature: |  |
|  | Print Name: |       |
|  | Firm Name: |       |
|  | Bar Number: |       |
|  | Address: |       |
|  |  |       |
|  | Telephone: |       |
|  | Email: |       |
| Attorney for: |       |

1. A protective arrangement includes, but is not limited to, the payment, delivery, deposit, or retention of funds or property; the sale, mortgage, lease, or other transfer of property; the entry into an annuity contract, a contract for life care, a deposit contract, or a contract for training and education; or the addition to or establishment of a suitable trust. [↑](#footnote-ref-1)