|  |  |  |
| --- | --- | --- |
| 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)