

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.

**SUMMONS**

Respondent(s).\*

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\*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.

vs.

Petitioner(s),

Respondent(s).

 <b>PROBATE COURT USE ONLY</b> 
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IN THE PROBATE COURT  
CASE NUMBER -GC- -

**PETITION REQUESTING SOUTH CAROLINA  
ACCEPT GUARDIANSHIP/CONSERVATORSHIP  
FROM SENDING STATE**

**This Petition is submitted pursuant to S.C. Code Ann. § 62-5-715 of the South Carolina Adult Guardianship and Protective Proceedings Jurisdiction Act.**

- As Guardian(s) and/or Conservator(s), Petitioner(s) request(s) the Court to accept the transfer of this  
 Guardianship and/or  Conservatorship, from (County) in (State). The case number from the sending state is .
- The Ward/Protected Person: (Check one)  
 is physically present in (county), South Carolina; **or**  
 is reasonably expected to permanently move to (county), South Carolina; **or**  
 has significant connections to (county), South Carolina considering the factors provided in S.C. Code Ann. § 62-5-707(B)(2).

**3. Information about the Guardian(s):**

Name:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Preferred Telephone #:

Email Address: Secondary Phone #:

Name:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Preferred Telephone #:

Email Address: Secondary Phone #:

**4. Information about the Conservator(s):**

Name:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Preferred Telephone #:

Email Address: Secondary Phone #:

Name:

Street Address:

Mailing Address, if different:

City: State: Zip Code: Preferred Telephone #:

Email Address: Secondary Phone #:

**5. Information about the Ward/Protected Person:**

Name: Current age: Date of Birth:

Address (Include name of facility, if any):

City: State: Zip Code: Telephone Number:

Type of Residence:  Private  Nursing Home  Assisted Living Home  Other:

**The Petitioner requests that South Carolina accept this Guardianship/Conservatorship for the following reasons:**

6. Petitioner hereby files with this Court certified, exemplified or authenticated copies of the following documents:
- The foreign court's order(s) of appointment and any subsequent orders issued by the foreign court, including the provisional order of transfer;
  - Report(s) of examiner(s);
  - The foreign court's letters or other documents evidencing or affecting my authority to act as guardian and/or conservator;
  - Any bond(s) filed with the appointing foreign court;
  - All reports of guardian, inventories and annual accountings filed with the appointing foreign court;
  - Other:
7. The Petitioner(s) will provide this Petition to those interested persons requiring notice listed below or has obtained consents, which are attached to this Petition, from all persons entitled to notice. (S.C. Code Ann. §§ 62-1-401, 62-5-303, 62-5-403, 62-5-715(B).)

8. The interested persons given notice are as follows:

Name of Interested Person Requiring Notice in Sending State	Relationship to Ward/Protected Person
Name of Interested Person Requiring Notice in South Carolina, not listed above	Relationship to Ward/Protected Person

**VERIFICATION**

The Petitioner, being sworn, state that the facts set forth in the Petition are true to the best of the Petitioner's knowledge, information and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Petitioner's Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Notary Public for: \_\_\_\_\_  
 (State)  
 My Commission Expires: \_\_\_\_\_  
 (Date)

Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to the Protected Person/Ward: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Co Petitioner's Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Notary Public for: \_\_\_\_\_  
 (State)  
 My Commission Expires: \_\_\_\_\_  
 (Date)

Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to the Protected Person/Ward: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Attorney for: \_\_\_\_\_