|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| a protected person. | )) | CASE NUMBER      -GC-26-      |
|  | ) |  |
|  | ) | **APPLICATION FOR RELIEF** |
|  | ) | **(CONSERVATORSHIP)** |

|  |  |
| --- | --- |
| Applicant: |  |
| What is your relationship to the proceeding? [ ]  Protected Person [ ]  Guardian [ ]  Conservator [ ]  Interested Person [ ]  Other: \_\_\_\_\_\_\_\_ |
| **RELIEF SOUGHT** (check all that apply) |
|  |  |
|  | **[ ]**  | 1. | Termination/Discharge of the Conservator because (check all that apply): |
|  |  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | Protected Person died on |       | . |
|  |  |  |  |  | **[ ]**  | Obituary is attached. |
|  |  |  |  |  | **[ ]**  | Death Certificate is attached. |
|  |  |  |  |  | **[ ]**  | Final Accounting is attached and approval of same is requested. |
|  |  |  |  |  | **[ ]**  | Protected Person’s original Will is attached. |
|  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | The Conservator died on |       | . |
|  |  |  |  |  | **[ ]**  | Obituary is attached. |
|  |  |  |  |  | **[ ]**  | Death Certificate is attached. |
|  |  |  |  |  |
|  |  |  |  | **[ ]**  | Protected Person has reached the age of eighteen (18) or has been emancipated by Court Order. |
|  |  |  |  |  | **[ ]**  | Birth Certificate is attached. |
|  |  |  |  |  | **[ ]**  | Court Order is attached.  |
|  |  |  |  |  | **[ ]**  | Final Accounting is attached and approval of the same is requested. |
|  |  |  |  |  | **[ ]**  | Other: |       |
|  |
|  |  |  |  | **[ ]**  | The net aggregate amount of the conservatorship assets is less than $15,000. |
|  |  |  |  |  | **[ ]**  | Final Accounting is attached and approval of the same is requested. |
|  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | Protected Person has regained capacity. |
|  |  |  |  |  | **[ ]**  | A Doctor’s Affidavit regarding capacity is attached.  |
|  |  |  |  |
|  | **[ ]**  | 2. | Require an **[ ]** increase or **[ ]** reduction in the conservatorship bond or security. |
|  |  |  |  | Bond should be set at the following amount: | $      |
|  |  |  |  |
|  | **[ ]**  | 3. | Require the Conservator to complete a current Conservator Report (FORM #567GC-SF). |
|  |  |  |  |
|  | **[ ]**  | 4. | Approval for payment of the Protected Person’s funeral expenses in the amount of:  | $      |
|  |  |  |  | [ ]  | A quote for the funeral expenses is attached. |
|  |  |  |  |
|  | **[ ]**  | 5. | Resignation of the Conservator. The reason for the resignation is:  |
|  |  |  |       |
|  |  |  |  |
|  | **[ ]**  | 6. | Removal of the Conservator for the following reason:  |
|  |  |  |       |
|  |  |  |  |
|  | **[ ]**  | 7. | Appointment of a Successor Conservator: |
|  |  |  |  |
|  |  | Name: |       |
|  |  |  | Address: |       |
|  |  |  |  |       |
|  |  |  | Preferred Telephone:  |       |
|  |  |  | Secondary Telephone:  |       |
|  |  |  | Email: |       |
|  | Relationship to the Protected Person: |       |
|  |  |  |  |
|  |  | Name: |       |
|  |  |  | Address: |       |
|  |  |  |  |       |
|  |  |  | Preferred Telephone:  |       |
|  |  |  | Secondary Telephone:  |       |
|  |  |  | Email: |       |
|  | Relationship to the Protected Person: |       |
|  |  |  |  |
|  | **[ ]**  | 8. | Other relief as provided for in S.C. Code Ann. § 62-5-413 or S.C. Code Ann. § 62-5-422(B).  |
|  |  |  |  |
|  |  |  |  | Describe the relief you are requesting.  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | Why is the requested relief necessary?  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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.** |
|  |  |  |
| The Court may approve or deny the application without notice, require notice to such persons as the Court directs, or may require the commencement of a formal proceeding pursuant to S.C. Code Ann.§ 62-5-428(B). By filing this document, the Applicant is personally submitting to the jurisdiction of this Court. |

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

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