|  |  |  |
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| 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. | | | | | | | | | | | | | | |
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|  | | |  | |  |  | | Why is the requested relief necessary? | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | |

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| 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: | |  |