STATE OF SC	OUTH CAROLINA)	
COUNTY OF	HORRY		
IN THE MATTER OF:		PROBATE COURT USE ONLY	
an alleged incapacitated individual.) IN THE PROBATE COURT) CASE NUMBER -GC	
)) WAIVER BY ALLEGED INCAPACITATED INDIVIDUAL)	
By signing this	document, I freely and volu	ntarily <u>waive</u> : (<i>Check all that apply.</i>)	
	Notice of a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.		
		t check this box waiving notice, I am legally entitled to at least twenty (20) days the Court provides for a different time of giving notice.	
	The right to be present at a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.		
	The right to a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.		
	hearing and enter a temportective order. I further	k this box waiving my right to a hearing that the Court may proceed without a orary consent order regarding whether I need a guardian, a conservator, or a understand that the court will enter a temporary consent order for 30 days, and I request a formal hearing during that 30 days.	
attorney and/or		ot required to complete this waiver and that I may discuss this waiver with my restand that I may rescind this waiver prior to the issuance of a final order by hat effect.	
	Executed t	is day of , 20 .	
SWORN to I	pefore me this20	day of Signature: Print Name: Address:	
Print Name: Notary Public for: (State) My Commission Expires: (Date)		Preferred Telephone: Secondary Telephone: Email:	
		e)	
		Attorney Signature: Print Name: Firm Name: Bar Number: Address: Telephone: Email:	

Attorney for: