

FOR USE WITH A FORMAL PETITION ONLY

STATE OF SOUTH CAROLINA)
)
)
 COUNTY OF HORRY)
)
)
 IN THE MATTER OF:)
)
 Decedent Alleged Incapacitated Individual)
 Minor Other: _____)
)
)
 _____,)
 Petitioner(s),)
 vs.)
)
 _____,)
 Respondent(s).*

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT

CASE NUMBER -GC-26-

SUMMONS

*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 minor.)

*COMPLETE THIS SECTION ONLY IF YOU)
ARE FILING A FORMAL PETITION:)

_____,)
Petitioner(s),)

vs.)

_____,)
Respondent(s).)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
CASE NUMBER -GC-26-

**APPOINTMENT OF CONSERVATOR FOR MINOR OR
ISSUANCE OF PROTECTIVE ORDER FOR MINOR**

APPLICATION FOR (No Summons Needed):

- PROTECTIVE ORDER
 CONSERVATOR
 SUCCESSOR CONSERVATOR

*FORMAL PETITION FOR:

- PROTECTIVE ORDER
 CONSERVATOR
 SUCCESSOR CONSERVATOR

***NOTE: IF THIS IS A FORMAL PROCEEDING, IN ADDITION TO THIS FORM PETITION, YOU MUST ALSO FILE THE ATTACHED SUMMONS, AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

1. Information about Applicant(s)/Petitioner(s):

Applicant(s)/Petitioner(s): _____
Address: _____

Telephone (Preferred): _____ Telephone (Secondary): _____
Email: _____

Relationship to minor or proceeding: _____

2. Information about Minor:

Minor Full Legal Name
(including all known names): _____

Date of Birth: _____

Last 4 digits of Social Sec. #: XXX-XX- _____

Address: _____

Telephone (Preferred): _____ Telephone (Secondary): _____
Email: _____

3. Jurisdiction:

South Carolina has jurisdiction over the minor because:

- Minor owns real or personal property that requires management or protection (a copy of any deeds or titles is required);
 Minor has or may have business affairs that may be adversely affected by a lack of effective management; or
 Conservator is necessary to obtain and administer funds for the health, education, maintenance, and support of the minor.

4. Venue:

Venue for this proceeding is proper in this county because the minor:

- resides in this county and has resided in this county for more than six (6) months;
- does not reside in this state but owns real or personal property in this county;
- does not reside in this state but has or may have business affairs in this county that need management; or
- does not reside in this state but has the right to take legal action in this county **(a copy of the pleadings is required).**

If the minor has not resided in this county for six (6) months preceding this action, the address where the minor did reside or is residing is: _____

5. Information about family of minor:

*Mother: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (Preferred): _____ (Secondary) _____
 Email: _____

*Father: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (Preferred): _____ (Secondary): _____
 Email: _____

*If deceased, a certified death certificate is required.

Siblings of minor:

| Name | Address | Year of Birth |
|------|---------|---------------|
| | | |

If the minor does not reside with a parent, the person with whom the minor resides:

Name: _____
 Relationship: _____
 Address: _____
 City/State/Zip: _____
 Telephone: (Preferred): _____ (Secondary): _____
 Email: _____

If you have not listed another living adult relative of the minor, other than the Applicant/Petitioner, who are the other adult relatives?

| Name | Address | Relationship to Minor |
|------|---------|-----------------------|
| | | |

6. The following is a list of the real and personal property owned by the minor or expected to be received by the minor, business affairs of the minor, funds available to the minor, or legal action necessary for the minor and an estimate of the value: *(An Inventory and Appraisal, Form #550GC, shall be completed and filed with the Court within 30 days of appointment.)*

| Description | Value |
|-------------|-------|
| | |

7. The appointment of a conservator for the minor is necessary because:

8. I request the appointment of:

Name: _____
Address: _____
City/State/Zip: _____
Telephone: (Preferred): _____ (Secondary): _____
Email: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: (Preferred): _____ (Secondary): _____
Email: _____

9. The priority for his or her appointment as conservator is:

- Previously appointed conservator/guardian of the assets of the minor by a court of another county or state;
- Individual nominated by the minor (*if fourteen (14) or more years of age and deemed mentally capable of making such choice*);
- Parent of minor;
- Adult sibling of minor (specify): _____;
- Closest adult relative (specify): _____;
- Person with whom the minor resides (specify): _____;
- Nominee of any of the above (specify): _____;
- Other (specify): _____.

VERIFICATION

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

SWORN to me this _____ day of _____, 20____

Signature: _____
Printed Name of Notary: _____

Notary Public for State of: _____
My commission expires: _____

Signature of Petitioner: _____
Print Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

SWORN to me this _____ day of _____, 20____

Signature: _____
Printed Name of Notary: _____

Notary Public for State of: _____
My commission expires: _____

Signature of Co-Petitioner: _____
Print Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I/we accept this appointment and agree to perform the duties and discharge the trust of the office of Conservator for _____ (name of minor).

Executed this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____