STATE OF SOUTH CAROLINA	)	
COUNTY OF HORRY	)	
IN THE MATTER OF:	)	
_____,	)	
☐ Decedent ☐ Alleged Incapacitated Individual ☐ Minor ☐ Other: _____	)	▲ PROBATE COURT USE ONLY ▲
	)	IN THE PROBATE COURT
_____,	)	CASE NUMBER _____-_____-26-_____
Petitioner(s),	)	
vs.	)	**SUMMONS**
_____,	)	
Respondent(s).*	)	

*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: _____