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

|  |  |
| --- | --- |
|  |  |
| Applicant: |  |
| What is your relationship to the proceeding? [ ]  Ward [ ]  Guardian [ ]  Conservator [ ]  Interested Person [ ]  Other:       |
| **RELIEF SOUGHT** (check all that apply) |
|  |  |
|  | **[ ]**  | 1. | Termination/Discharge of the Guardian because (check all that apply): |
|  |  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | Ward died on |       | . |
|  |  |  |  |  | **[ ]**  | Obituary is attached. |
|  |  |  |  |  | **[ ]**  | Death Certificate is attached. |
|  |  |  |  |  | **[ ]**  | Final Accounting is attached and approval of same is requested. |
|  |  |  |  |  | **[ ]**  | Ward’s original Will is attached. |
|  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | The Guardian died on |       | . |
|  |  |  |  |  | **[ ]**  | Obituary is attached. |
|  |  |  |  |  | **[ ]**  | Death Certificate is attached. |
|  |  |  |  |  |
|  | **[ ]**  | 2. | Other requested relief pursuant to S.C. Code Ann. § 62-5-307 |
|  |  |  |  |
|  |  |  | a. | Describe the relief you are requesting.  |
|  |  |  |  |       |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | b. | 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: |       |
| Attorney for: |       |