|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF HORRY | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| an alleged incapacitated individual or minor. | )) | CASE NUMBER      -GC-     -      |
|  | ) |  |
|  | ))) | **DEMAND FOR NOTICE OF HEARING IN A GUARDIANSHIP, CONSERVATORSHIP, OR PROTECTIVE PROCEEDING** |

|  |  |
| --- | --- |
| Name: |       |

I demand receipt of a **Notice of Hearing** for any formal hearing on a petition filed in the above-referenced matter.

By filing this Demand for Notice\*, I understand that it is the responsibility of the Petitioner to provide me with a copy of the Notice of Hearing. **I understand this Demand shall expire one year from date of filing**.

|  |
| --- |
| Executed this       day of      , 20     . |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |       |
| Address: |       |
|  |       |
| Preferred Telephone: |       |
| Secondary Telephone: |       |
| Email: |       |
| Relationship to the proceeding: |       |

|  |  |
| --- | --- |
| Attorney Signature: |  |
| Print Name: |       |
| Firm Name:  |       |
| Bar Number: |       |
| Address: |       |
|  |       |
| Telephone: |       |
| Email: |       |
| Attorney for: |       |

**\*A Demand for Notice requires a $5.00 filing fee.**