

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____) IN THE PROBATE COURT
)
 IN THE MATTER OF: _____) **PETITION FOR FINDING**
) CASE NUMBER: _____

- INCAPACITY
- APPOINTMENT OF
 - GUARDIAN
 - SUCCESSOR GUARDIAN

Applicant/Petitioner: _____
 Address: _____
 Telephone: _____

I. ALL PETITIONERS MUST COMPLETE THIS SECTION.

1. Nature of interest of undersigned: _____

2. Information -- Allegedly Incapacitated Person

Name: _____ Age: _____
 Date of Birth _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____

To my knowledge, above named DOES DOES NOT have a health care power of attorney.
 To my knowledge, above named DOES DOES NOT have a living will (Declaration of a Desire for a Natural Death.)

3. Venue for this proceeding in this county because the subject:

- resides in this county.
- is present in this county.
- is admitted to an institution pursuant to an order of a court of competent jurisdiction in this county.

4. Information—Family of allegedly incapacitated person, including dates of birth of minors. If there are no minors, so state.

Name	Date of Birth	Address	Relationship to Incapacitated Person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

5. The nature and degree of incapacity is as follows:

II. COMPLETE THIS SECTION IF APPOINTMENT IS SOUGHT.

1. Is it your belief that the allegedly incapacitated person is in need of a guardian/successor guardian as a means of providing continuing care and supervision of the person of said incapacitated person?
 YES NO If no, please explain.

2. The extent to which the guardian should be permitted to give consents or approvals that may be necessary to enable the allegedly incapacitated person to receive medical or other professional care, counsel, treatment or services is as follows:

3. The nature and extent of the care, assistance, protection, or supervision which is necessary or desirable for the allegedly incapacitated person under the circumstances is as follows:

4. Has a guardian appointed by a Will accepted such appointment?
 NO YES If yes, please explain.

5. I request the appointment of:

Name: _____
Address: _____

Telephone (O): _____
(H): _____
E-mail: _____

whose priority for appointment as guardian for the subject is as follows:

- a person nominated to serve as guardian by the allegedly incapacitated person
- an attorney-in-fact appointed by the allegedly incapacitated person pursuant to Section 62-5-501
- spouse of the allegedly incapacitated person
- adult child of the allegedly incapacitated person
- parent of the allegedly incapacitated person
- other relative of the allegedly incapacitated person (Specify):

nominated by the person who is caring for the allegedly incapacitated person or paying benefits to him/her

Other (specify) _____

6. Is it necessary to appoint a temporary guardian for the subject until a hearing can be held on this Petition?

NO YES If yes, please state reasons.

III. **ALL PETITIONERS MUST COMPLETE THIS SECTION.**

- 1. I request that the Court set a time and place of hearing on this Petition and that the Court determine that the above person is incapacitated.
- 2. I request that the Court determine that the need for the appointment of a guardian is proper, and that the Court appoint _____ as the guardian for the above person: and that Letters of Guardianship be issued to the guardian.
- 3. The following persons are required by statute to be given notice of the time and place of hearing on this Petition: (SCPC 5-309)

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VERIFICATION

The undersigned, being sworn states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

SWORN to before me this _____ day of _____, 20 _____

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

E-mail: _____
Telephone (O): _____
(H): _____

Attorney: _____
Address: _____

E-mail: _____
Telephone (O): _____

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Guardian of the incapacitated person of _____.

SWORN to before me this _____ day of _____, 20 _____

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

E-mail: _____
Telephone (O): _____
(H): _____