

COUNTY OF: \_\_\_\_\_ )  
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 )  
 )

IN THE PROBATE COURT

IN THE MATTER OF : \_\_\_\_\_  
(Alleged Incapacitated Person)

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
PETITIONER

**PETITION FOR:**

vs.

- FINDING INCAPACITY**
- APPOINTMENT OF:**

\_\_\_\_\_  
RESPONDENT

- GUARDIAN**
- SUCCESSOR GUARDIAN**

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

1. Give your relationship to the alleged incapacitated person, if any, and your interest in this proceeding.

\_\_\_\_\_

2. Information -- Alleged 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 is in this county because the alleged incapacitated person:

- 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 alleged incapacitated person, including dates of birth of minors. If there are no minors, so state.

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

(use additional sheet if necessary)

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

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**II. COMPLETE THIS SECTION IF APPOINTMENT IS SOUGHT.**

1. Is it your belief that the alleged 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.

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

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

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

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5. I request the appointment of:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_  
E-mail: \_\_\_\_\_

whose priority for appointment as guardian for the alleged incapacitated person is as follows:

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

- nominated by the person who is caring for the alleged incapacitated person or paying benefits to him/her
- Other (specify): \_\_\_\_\_

6. Is it necessary to appoint a temporary guardian for the alleged incapacitated person until a hearing can be held on this Petition?  
 NO  YES If yes, please state the emergency 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; 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\_\_\_\_

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public for South Carolina  
 My Commission Expires: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_

Attorney: \_\_\_\_\_  
 Address: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_

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**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\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina

\_\_\_\_\_  
E-mail: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Telephone (O): \_\_\_\_\_

\_\_\_\_\_  
Telephone (H): \_\_\_\_\_