

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF: \_\_\_\_\_ )  
 )  
IN THE MATTER OF: \_\_\_\_\_ )

IN THE PROBATE COURT

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

**PETITION FOR:**

- MINOR
- ADULT
  
- PROTECTIVE ORDER
- APPOINTMENT OF CONSERVATOR

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent(s)

Petitioner: \_\_\_\_\_

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

2. Information -- Minor/Allegedly Incapacitated Person

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Last Four Digits of \_\_\_\_\_  
Social Security Number: XXX-XX-\_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Office/other): \_\_\_\_\_

To my knowledge, the above-named  DOES  DOES NOT have a Will

To my knowledge, the above-named  DOES  DOES NOT have a Power of Attorney

3. Venue for this proceeding is proper in this county because the above minor/allegedly incapacitated person:  
 resides in this county  
 does not reside in this county but has property in this county

4. The name and address of the above person's guardian, if any, is:  
\_\_\_\_\_

5. Information -- Family (list nearest relative first) of minor/allegedly incapacitated person, including dates of birth of minors:

Name	Date of Birth	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

6. The following is a general statement of the property, assets, and income of the above person, together with an estimate of the value thereof: (A full inventory, Form #550PC, shall be completed and filed with the Court within thirty days of appointment.)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

7. The appointment of a conservator for the above person is necessary because (state reasons justifying appointment):

\_\_\_\_\_

8. I request the appointment of:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
Telephone (H): \_\_\_\_\_  
Email: \_\_\_\_\_

whose priority for appointment as conservator for the above person is as follows:

- fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the minor/alleged incapacitated person resides
- individual or corporation nominated by the minor/alleged incapacitated person (if fourteen or more years of age and deemed mentally capable of making such a choice)
- attorney-in-fact appointed by protected person (Pursuant to S.C. Code Ann. Section 62-5-501)
- spouse of protected person
- adult child of protected person
- parent of protected person or person nominated by Will of deceased parent
- other relative of protected person  
(specify): \_\_\_\_\_

- person nominated by the person who is caring for protected person or paying benefits to him/her
- nominated by one with priority to serve in his/her stead (specify): \_\_\_\_\_

- other (specify): \_\_\_\_\_

9. The following persons are required by statute to be given notice of the time and place of hearing on this Petition:

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

10. I request that the Court set a time and place of hearing on this Petition; that the Court determine that the above person is a person for whom appointment of a conservator is proper; that the Court appoint \_\_\_\_\_ as the conservator for the above minor/incapacitated person; and, that Letters of Conservatorship be issued to the conservator.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**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): \_\_\_\_\_

**QUALIFICATION AND STATEMENT OF ACCEPTANCE**

I accept this appointment and agree to perform the duties and discharge the trust of the office of Conservator of the conservatorship of \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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