|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) |  |
| IN THE MATTER OF:  | ) |  |
|      ,  | ) |  |
| [ ]  Decedent [ ]  Alleged Incapacitated Individual[ ]  Minor [ ]  Other:       | ) | PROBATE COURT USE ONLY |
|  | )) |  IN THE PROBATE COURT |
|      ,  | ))) | CASE NUMBER      -GC-     -      |
| Petitioner(s), | ) |  |
| vs. | ) | **SUMMONS** |
|      , | )) |   |
| Respondent(s).\* | ) |  |

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*Please Type or Print.*

 (Name of Petitioner/Attorney for Petitioner)

 (Street Address or Mailing Address)

 (City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: