|  |  |  |
| --- | --- | --- |
| 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: