

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

IN THE PROBATE COURT

\*PETITION FOR REVIEW:  
 EMPLOYMENT  
 COMPENSATION

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

\_\_\_\_\_  
Petitioner(s)  
vs.  
\_\_\_\_\_  
Respondent(s)

Petitioner hereby requests the Court's review of:

- the appropriateness of employing the persons named in the annexed schedule and the compensation for said persons as set forth therein.
- the reasonableness of the compensation of the persons, agents, and/or Personal Representative(s) as set forth in the annexed schedule.

These pleadings are being served on all interested persons as required by law.

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

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone (Work): \_\_\_\_\_  
(Home): \_\_\_\_\_  
(Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Decedent/Estate: \_\_\_\_\_  
\_\_\_\_\_  
Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*NOTE: THIS IS A FORMAL ACTION. IN ADDITION TO A PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC), AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

**ORDER**

IT IS HEREBY ORDERED that the above petition is  GRANTED  DENIED as follows: \_\_\_\_\_.

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

\_\_\_\_\_  
, Probate Court Judge