

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



\_\_\_\_\_, )  
an alleged incapacitated individual. )

IN THE PROBATE COURT  
CASE NUMBER \_\_\_\_\_-GC-\_\_\_\_\_-\_\_\_\_\_

**WAIVER BY ALLEGED INCAPACITATED INDIVIDUAL**

By signing this document, I freely and voluntarily waive: (Check all that apply.)

- Notice of a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I do not check this box waiving notice, I am legally entitled to at least twenty (20) days notice of a hearing unless the Court provides for a different time of giving notice.

- The right to be present at a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

- The right to a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I check this box waiving my right to a hearing that the Court may proceed without a hearing and enter a temporary consent order regarding whether I need a guardian, a conservator, or a protective order. I further understand that the court will enter a temporary consent order for 30 days, and I can change my mind and request a formal hearing during that 30 days.

I understand and acknowledge that I am not required to complete this waiver and that I may discuss this waiver with my attorney and/or Guardian *ad Litem*. I understand that I may rescind this waiver prior to the issuance of a final order by filing a written document with the court to that effect.

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

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

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

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

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Notary Public for \_\_\_\_\_  
(State)

My Commission Expires: \_\_\_\_\_  
(Date)

Attorney Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Bar Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney for: \_\_\_\_\_