

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF: )  
 )  
\_\_\_\_\_, )  
an alleged incapacitated individual. )

PROBATE COURT USE ONLY

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

**NOTICE OF CORRECTION**

**THIS FORM CANNOT BE USED TO ADD OR DELETE  
INTERESTED PERSONS ON A PETITION, APPLICATION,  
OR PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

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

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

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

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

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

Email: \_\_\_\_\_  
Relationship to the  
Protected Person/Ward: \_\_\_\_\_

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

**NOTE: Use of this form is limited to correcting minor clerical errors.**