

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 an alleged incapacitated individual. )  
 )  
 \_\_\_\_\_, )  
 )  
 vs. Petitioner(s), )  
 )  
 \_\_\_\_\_, )  
 Respondent(s). )



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

**NOTICE OF APPEARANCE**

PLEASE TAKE NOTICE, that \_\_\_\_\_, hereby appears on behalf of \_\_\_\_\_ and further states that he/she is licensed to practice law in South Carolina and is a member in good standing with the South Carolina Bar. You must serve all pleadings, correspondence, notices and related matters on the undersigned as attorney for the alleged incapacitated individual.

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

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