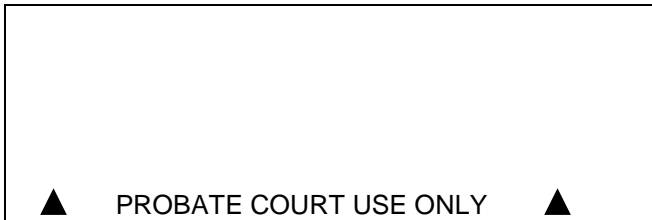


STATE OF SOUTH CAROLINA

COUNTY OF: _____

IN THE MATTER OF:

Decedent Alleged Incapacitated Individual



IN THE PROBATE COURT
CASE NUMBER _____ - _____ - _____

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: _____

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 IN THE MATTER OF:)
)
 _____,)
 a ward/protected person.)
)
 _____,)
)
 _____,)
 Petitioner(s),)
 vs.)
 _____,)
 Respondent(s).)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
 CASE NUMBER _____-GC-_____-_____

APPLICATION FOR TRANSFER OF (No Summons Needed):

- GUARDIANSHIP
- CONSERVATORSHIP

***FORMAL PETITION FOR TRANSFER OF:**

- GUARDIANSHIP
- CONSERVATORSHIP

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

This Application/Petition is seeking transfer of a Guardianship and/or Conservatorship from South Carolina to a receiving state pursuant to S.C. Code Ann. § 62-5-714 of the South Carolina Adult Guardianship and Protective Proceedings Jurisdiction Act.

As the Guardian and/or Conservator, Applicant/Petitioner requests the Court to approve the transfer of this

- Guardianship and/or
- Conservatorship

to _____ County in _____ (State).

1. The Ward/Protected Person:
- is physically present in the receiving state;
 - is reasonably expected to permanently move to the state identified above
 - has significant connections to the receiving state.

2. The Applicant/Petitioner requests that South Carolina transfer this guardianship/conservatorship for the following reasons:

3. The Applicant/Petitioner has made reasonable and sufficient plans for care and services for the Ward and/or has made adequate arrangements for the management of the Protected Person's property in the receiving state.
4. The Applicant will either provide a copy of this Application to persons entitled to notice and provide the Court with proof of delivery **or** attach consents from all persons entitled to notice. (S. C. Code Ann. §§ 62-1-401, 62-5-303, 62-5-403, 62-5-714(B).) If this is a formal proceeding, the Petitioner must serve all interested persons in accordance with Rule 4, SCRCP, and provide the Court with proof of service.
5. The interested persons given notice of the Application or service of the Petition are as follows:

Name	Relationship to Ward/ Protected Person

VERIFICATION

The Applicant/Petitioner, being sworn, states that the facts set forth in the Application/Petition are true to the best of the Applicant's/Petitioner's knowledge, information and belief.

Executed this ____ day of _____, 20 ____.

SWORN to before me this ____ day of _____, 20 ____.

Print Name: _____

Notary Public for: _____
(State)

My Commission Expires: _____
(Date)

Signature: _____

Print Name: _____

Address: _____

Preferred Telephone: _____

Secondary Telephone: _____

Email: _____

Relationship to the Protected Person/Ward: _____