

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
IN THE MATTER OF: \_\_\_\_\_ )  
 )  
(An alleged mentally ill / chemically dependent )  
person / person with intellectual disability)

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

**WAIVER OF IN-PERSON COURT  
APPEARANCE AND  
CONSENT TO VIDEO/AUDIOCONFERENCING**

I understand pursuant to S.C. Code Ann. § 44-17-570 or S.C. Code Ann. § 44-20-450(B), the person for whom the hearing is being held may have the right to personally appear in Probate Court and such right may be waived only by him or his attorney, and, with that knowledge, I voluntarily waive that right and consent to appear in court by use of video/audioconferencing.

I acknowledge that I want to handle the following matter by videoconferencing by initialing the type of hearing below:

1. \_\_\_\_\_ Commitment hearing of an alleged mentally ill person
2. \_\_\_\_\_ Supplemental hearing of an alleged mentally ill person
3. \_\_\_\_\_ Commitment hearing of a chemically dependent person
4. \_\_\_\_\_ Supplemental hearing of a chemically dependent person
5. \_\_\_\_\_ Commitment hearing of a child in need of mental health treatment
6. \_\_\_\_\_ Supplemental hearing of a child in need of mental health treatment
7. \_\_\_\_\_ Admission of a person with intellectual disability or a related disability to the services of the Department of Disabilities and Special Needs
8. \_\_\_\_\_ Supplemental hearing of a person with intellectual disability or a related disability
9. \_\_\_\_\_ Other: \_\_\_\_\_

Videoconferencing to: \_\_\_\_\_ in \_\_\_\_\_ County

I also acknowledge that the outcome or consequence of this matter would be no different if the allegedly mentally ill/ chemically dependent person/ person with intellectual disability/ child in need of mental health treatment appeared in person. The court will retain the original audio or video recording for not less than 75 years from case initiation and until all administrative action has been completed. By my signature below, I, the Attorney/Guardian ad Litem for the above named allegedly mentally ill person, chemically dependent person, person with intellectual disability, or child in need of mental health treatment consent to the use of video/audioconferencing in this Probate Court proceeding.

\_\_\_\_\_  
Signature of Attorney/Guardian ad Litem

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

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Date