|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF       | ) |  |
|  | ) |  |
|      ,  | ) |  |
| an alleged incapacitated individual. | ) | PROBATE COURT USE ONLY |
|      , | )) | IN THE PROBATE COURT |
| Petitioner(s), | ) | CASE NUMBER      -GC-     -      |
| vs. | ) |  |
|      , | ) | **MOTION TO BE RELIEVED AS COUNSEL** |
| Respondent(s). | ) | **FOR ALLEGED INCAPACITATED INDIVIDUAL** |
| Movant:  |       |

|  |  |
| --- | --- |
| 1. | The undersigned request(s) that this Court order (*check any that apply*) |
|  |  |
|  |  **[ ]**  that he/she be relieved as attorney for the alleged incapacitated individual.  |
|  |  **[ ]**  that he/she be appointed as Guardian *ad Litem* in the above-referenced matter.  |
|  |   |
|  |  |
| 2. |  Movant makes this Motion based on the following sworn statement: |

The alleged incapacitated individual no longer needs to utilize the services of the undersigned attorney and is incapable of communicating, with or without reasonable accommodations, his/her wishes, interests, or preferences regarding the appointment of a Guardian and/or Conservator. Specifically the undersigned attorney met with the alleged incapacitated individual       time(s) and the following is a brief summary of where the meeting(s) took place and the observation which serve as the basis for the relief requested in this motion:

WHEREFORE, the undersigned hereby swears and affirms to the foregoing and request an order as indicated above and for such other and further relief as is just and proper.

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| --- |
| Executed this       day of      , 20     . |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |       | day of | Signature: |       |
|      , | 20 |      . | Print Name: |       |
|  | Firm Name: |       |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Bar Number: |       |
| Print Name: |       | Address: |       |
| Notary Public for: |       |  |       |
|  | (State) | Telephone: |       |
| My Commission Expires: |      (Date) | Email: |       |

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## ORDER FOR HEARING

IT IS HEREBY ORDERED that a hearing on this matter be set for:

|  |  |
| --- | --- |
| DATE: |       |
| TIME: |        |
| PLACE: |       |

Pursuant to S.C. Code Ann. 62-1-401, **THE MOVANT IS/ARE ORDERED** to give notice of this hearing to all other interested persons by mailing or delivering his/her Notice of Hearing and any appropriate attachments to each of them at least twenty (20) days prior to the hearing date. **PLEASE TAKE NOTICE** that a copy of this order is neither a substitute for the Notice of Hearing, nor one of the “appropriate attachments.” **THE MOVANT IS FURTHER ORDERED** to file his/her Proof of Delivery (FORM #120PC) of said Notice of Hearing no later than the hearing date.

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|      , Judge of Probate |

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|       day of      , 20      |
|      , South Carolina |

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|  |

**ORDER**

IT IS HEREBY ORDERED that (check all that apply):

|  |  |
| --- | --- |
|  |  **[ ]** The alleged incapacitated individual no longer needs to utilize the services of an attorney and is incapable of communicating, with or without reasonable accommodations, his/her wishes, interests, or preferences regarding the appointment of a guardian and/or conservator. |
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 |
|  |  **[ ]** The attorney appointed for the alleged incapacitated individual be relieved of his/her duties.   |
|  |  **[ ]** The previously appointed attorney for the alleged incapacitated individual be appointed as Guardian *ad Litem* for the alleged incapcitated individual.  |
|  |  **[ ]** The relief requested is denied. |
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 |

 in the above-referenced matter. Written notice of this Order must be served as provided by Rule 5, SCRCP.

**IT IS SO ORDERED.**

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|      , Judge of Probate |

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| --- |
|       day of      , 20      |
|      , South Carolina |

Note: There is no charge for this Motion.