

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 IN THE MATTER OF:)
)
 _____,)
 an alleged incapacitated individual.)
)
)



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

WAIVER BY ALLEGED INCAPACITATED INDIVIDUAL

By signing this document, I freely and voluntarily waive: (Check all that apply.)

- Notice of a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I do not check this box waiving notice, I am legally entitled to at least twenty (20) days notice of a hearing unless the Court provides for a different time of giving notice.

- The right to be present at a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

- The right to a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I check this box waiving my right to a hearing that the Court may proceed without a hearing and enter a temporary consent order regarding whether I need a guardian, a conservator, or a protective order. I further understand that the court will enter a temporary consent order for 30 days, and I can change my mind and request a formal hearing during that 30 days.

I understand and acknowledge that I am not required to complete this waiver and that I may discuss this waiver with my attorney and/or Guardian *ad Litem*. I understand that I may rescind this waiver prior to the issuance of a final order by filing a written document with the court to that effect.

Executed this _____ day of _____, 20_____.

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

Signature: _____
 Print Name: _____
 Address: _____

Print Name: _____
 Notary Public for: _____
 _____ (State)
 My Commission Expires: _____
 _____ (Date)

Preferred Telephone: _____
 Secondary Telephone: _____
 Email: _____

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