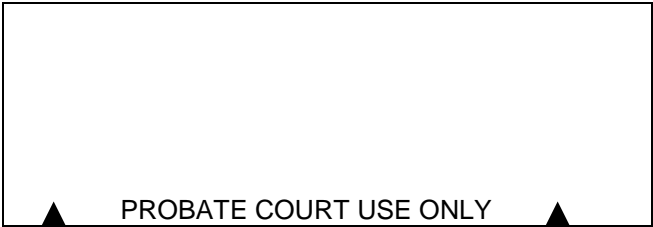


STATE OF SOUTH CAROLINA

COUNTY OF: _____

IN THE MATTER OF:

Decedent Alleged Incapacitated Individual



IN THE PROBATE COURT
CASE NUMBER _____ - _____ - _____

Petitioner(s),

vs.

Respondent(s).*

SUMMONS

*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 protected person.)

_____,)
Petitioner(s),)
vs.)
_____,)
Respondent(s).)

▲ PROBATE COURT USE ONLY ▲

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

PETITION FOR ALLOWANCE OF CLAIM

The undersigned petitions the Court to allow the following claims against the conservatorship in the amounts set forth below:

Creditor Name and Address	Amount of Claim
_____	_____
_____	_____
_____	_____
_____	_____

In support of this Petition, Petitioner incorporates the claim(s) referenced above as presented to the Conservator and alleges that each claim is valid and any claim not yet presented is attached to this Petition and made a part hereof and is being presented within the requisite statute of limitations.

(Other:) _____

Executed this _____ day of _____, 20_____.

Signature: _____
Print Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____
Relationship to the proceeding: _____

Attorney Signature: _____
Print Name: _____
Firm Name: _____
Bar Number: _____
Address: _____

Telephone: _____
Email: _____
Attorney for: _____

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