

## **OPENING ADULT GUARDIANSHIPS**

\*Unless otherwise noted, all forms may be obtained on our website at [www.rcgov.us](http://www.rcgov.us)

### **1. OVERVIEW OF ADULT GUARDIANSHIP**

A Guardian is a person appointed for an incapacitated adult to make routine and non-routine healthcare decisions for the incapacitated adult. To have a Guardian appointed by this court, the incapacitated adult must be a resident of Richland County. This court determines who has the authority to serve as the Guardian pursuant to S.C. Code Ann. § 62-5-311.

### **2. PETITION (FORM 530PC)**

A summons and a petition (Form 530PC) must be completed and filed with the court in order to begin the process of appointing a Guardian for an incapacitated adult. An initial filing fee of \$150.00 must also be paid. In all cases, a Guardian *ad Litem* is appointed by the court to represent the interests of the incapacitated adult. The Guardian *ad Litem* must be an attorney, but if the incapacitated adult has chosen his or her own attorney, the person appointed by the court will only serve as the Guardian *ad Litem*. The court also appoints a Visitor, who must meet certain qualifications stated below. This person visits the incapacitated person to report the living conditions and the general well-being of the incapacitated person to the court. The appointed Visitor must be a person trained in law, nursing, or social work and is an officer, employee, or special appointee of the court with no special interest in the proceedings.

### **3. PHYSICIANS/EXAMINERS (FORMS 533PC, 538PC & 541PC)**

The court will appoint two physicians/examiners to report the physical and mental condition of the incapacitated adult to the court. At least one of the examiners appointed must be a medical doctor. Another medical professional, such as a nurse, social worker, or psychologist may be appointed as the second examiner. An Order appointing examiners must be filed listing the names of the two designated examiners (Form 533PC). Each examiner must complete a Doctor's Affidavit Regarding Capacity (Form 541PC) and an Examiner's Report (Form 538PC).

### **4. CRIMINAL BACKGROUND CHECK**

The proposed Guardian must file a criminal background check from the state where they are a resident. The petitioner or petitioner's attorney is responsible for ensuring that this is requested and delivered to the court. Once received, the court will review these documents and note any questionable items, such as arrests. Proper documentation for acquiring these reports can be obtained from the court or our website.

### **5. NOTICE TO INTERESTED PARTIES**

The summons and petition must be served on all interested parties, the alleged incapacitated person, and the Guardian *ad Litem* for the incapacitated adult. Other interested parties may include the nearest relative or relatives of the incapacitated person. Service is not required upon the petitioner. Proof of delivery (Form 120PC) must be filed with the court. The service can be

in the form of personal delivery, certified green cards (from certified mail), or signed acceptance of service. Ordinary first class mail is not sufficient for service. The Guardian *ad Litem* has the option of waiving personal service on the incapacitated person. In this case, the Guardian *ad Litem* must file a Waiver (Form 111PC) with the court. This Waiver must be specific to include the case number, name of incapacitated person, and what items are being waived. **The petitioner or petitioner's attorney is responsible for ensuring that all proper parties have been served with the summons and petition and proper proof of service has been filed with the court.**

#### 6. **RENUNCIATION/NOMINATION**

Often more than one family member has legal priority to serve as the Guardian of an incapacitated adult. In these instances, family members may renounce their right to serve and nominate the person they believe to be the best candidate for Guardian. These individuals must execute a Renunciation/Nomination form (Form 302PC). If family members do not wish to renounce their right to serve and object to the appointment of the petitioner as Guardian, they must appear at the hearing and are advised to obtain legal counsel for representation at the hearing.

#### 7. **WAIVERS (FORM 111PC)**

After service of the summons and petition upon all interested parties, each individual is allotted thirty (30) days to file an Answer. If that individual has no objections to the summons or petition, he or she can execute a waiver (Form 111PC). This form is used to waive any rights to the Guardianship proceedings that the individual wishes to relinquish.

#### 8. **NOTICE OF HEARING & HEARING**

Once all of the above documents are received, a hearing will be scheduled in the matter. Unless waived, a twenty (20) day notice of the hearing must be served upon all interested parties. The hearing notice will indicate the date, time, and location of the hearing. The court sends the notice of hearing to the parties. The right to receive notice twenty (20) days prior to the hearing can also be waived by completing Form 111PC. The hearing will provide the petitioner with the opportunity to present evidence on why a Guardian is necessary, and who is the best individual to serve in that capacity. This is also an opportunity for opposing evidence to be presented. After all evidence has been heard, the judge will rule in the matter.

## **OVERVIEW OF DUTIES OF A GUARDIAN**

### **1. ANNUAL REPORT OF GUARDIAN (FORM 534PC)**

Other than specifics addressed by the judge that may need to be taken care of according to the situation, the only obligation of the Guardian to the court is to file an Annual Guardian Report (Form 534PC), once a year. This report is a standard form available on the website and in our office that is due one year from the date of appointment of Guardian and annually thereafter. This report consists of several questions and serves as an update to the court on the status of the incapacitated individual.

Any major changes in the protected person's status, which occur during the interim of these reports, should be reported to the court as well.

### **2. CLOSING**

If the incapacitated adult becomes capable of handling his or her own affairs, the Guardian must file a Petition for Discharge (Form 571PC) with supporting documentation of the change in status for the incapacitated adult. If the incapacitated person dies, the Guardian must file a certified death certificate and Petition for Discharge (Form 571PC). The court will review these documents and then proceed in closing the file. At that time, a Termination of Appointment will be issued relieving the Guardian of their duties.

# HOW TO OBTAIN A SOUTH CAROLINA LAW ENFORCEMENT DIVISION (SLED) CRIMINAL HISTORY REPORT

## REQUEST METHOD

To obtain a SLED Report, you must submit a request to the South Carolina Law Enforcement Division by using one of the following methods:

Telephone Request: (803) 737-9000  
Mail: South Carolina Law Enforcement Division  
P.O. Box 21398  
Columbia, SC 29221-1398  
Web: [www.sled.sc.gov](http://www.sled.sc.gov)

## INFORMATION NEEDED

According to South Carolina State Law, the following information is necessary to process a criminal history search for the Richland County Probate Court:

1. FULL name (including middle initial and suffixes as well as maiden and other names used)
2. Current mailing address
3. Current home phone number with area code
4. Social Security Number (individual must agree to the use of their social security number for name search)
5. Driver's License Number and the State where it was issued
6. Date of Birth

**You must enclose a self-addressed stamped envelope with your request.**

- **COST**

There is a **\$25.00** fee per name, excluding maiden and alias names. The payment must be in the form of a money order, cashier's check or certified check, **personal checks are not accepted.**

# INFORMATION FOR SLED CHECK

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security \_\_\_\_\_

Driver's License  
(Please list state) \_\_\_\_\_

Date of Birth \_\_\_\_\_

*By my signature, I acknowledge that the above information is required for a SLED background check and I am consenting to the use of the above information for purposes of a criminal background check for the Richland County Probate Court.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

PROBATE COURT

IN THE MATTER OF: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_-GC-40-\_\_\_\_\_

**ACCEPTANCE OF SERVICE  
AND  
RENUNCIATION OF RIGHT TO SERVE AS GUARDIAN**

PLEASE SIGN BELOW BEFORE A WITNESS AND DATE YOUR SIGNATURE.

\_\_\_\_\_ I accept service of a copy of the Summons and Petition in this matter. By selecting this statement I am agreeing that I have received a copy of the Summons and Petition.

PLEASE CHECK ONLY ONE OF THE TWO STATEMENTS BELOW:

\_\_\_\_\_ I hereby exercise my right to nominate a Guardian for the above-named person. The name and address of the proposed nominated Guardian is:

\_\_\_\_\_ I hereby waive my right to nominate anyone as Guardian.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Name (**Print**): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Email): \_\_\_\_\_

**Witnessed by:**

\_\_\_\_\_

(SAMPLE)

STATE OF SOUTH CAROLINA	)	IN THE PROBATE COURT
	)	
COUNTY OF RICHLAND	)	CASE NO.: 20__ GC40 ____
	)	
GUARDIANSHIP	)	
FOR <u>(The Protected Person)</u>	)	
	)	
<u>(Petitioner's Name is listed here)</u>	)	
Petitioner(s),	)	
	)	
vs.	)	
	)	
	)	
<u>(Interested Parties to this action)</u>	)	
Respondent(s).	)	
_____	)	

SUMMONS

TO THE RESPONDENTS 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):

(This is the Petitioner (s) Name and address )

(Name, PRINT)

\_\_\_\_\_

(Street address or mailing address, PRINT)

\_\_\_\_\_

(City, State, and zip code, PRINT)

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, the Petitioner(s) will ask the Court for a judgment by default for the relief demand in the Petition.

\_\_\_\_\_  
Signature of Petitioner(s)

\_\_\_\_\_  
Date

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF RICHLAND )

IN THE PROBATE COURT  
CASE NO.: 20\_\_ GC40 \_\_\_\_\_

IN THE MATTER OF THE GUARDIANSHIP )  
FOR \_\_\_\_\_ )  
 )  
\_\_\_\_\_)  
 )  
\_\_\_\_\_)  
 )  
Petitioner(s), )

**SUMMONS**

vs. )  
 )  
 )  
\_\_\_\_\_)  
 )  
\_\_\_\_\_)  
 )  
Respondent(s). )  
\_\_\_\_\_ )

**TO THE RESPONDENTS 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):

\_\_\_\_\_  
(Name, PRINT)

\_\_\_\_\_  
(Street address or mailing address, PRINT)

\_\_\_\_\_  
(City, State, and zip code, PRINT)

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, the Petitioner(s) will ask the Court for a judgment by default for the relief demand in the Petition.

\_\_\_\_\_  
Signature of Petitioner(s)

\_\_\_\_\_  
Date



STATE OF SOUTH CAROLINA

)  
)  
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)  
)  
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)  
)

IN THE PROBATE COURT

COUNTY OF RICHLAND

IN THE PROBATE COURT

IN THE MATTER OF:

\_\_\_\_\_  
(Alleged Incapacitated Person)

CASE

NUMBER:

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent

**PETITION FOR:**

FINDING OF INCAPACITY

APPOINTMENT OF:

GUARDIAN

SUCCESSOR GUARDIAN

**I. ALL PETITIONERS MUST COMPLETE THIS SECTION.**

1. Give your relationship to the alleged incapacitated person, if any, and your interest in this proceeding.

\_\_\_\_\_

**2. Information - Allegedly Incapacitated Person**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

To my knowledge, above named  DOES  DOES NOT have a Health Care Power of Attorney

To my knowledge, above-named  DOES  DOES NOT have a Living Will (Declaration of a Desire for a Natural Death.)

**3. Jurisdiction and Venue**

South Carolina has jurisdiction over the allegedly incapacitated adult because:

A. South Carolina is the "Home State" because the allegedly incapacitated person has been physically present in South Carolina for the six month period immediately preceding the filing of this petition or for at least six consecutive months ending within the six month period immediately preceding the filing of this petition; or

If the allegedly incapacitated person has not been physically present in South Carolina for that period, set forth on an additional sheet sufficient information on which the court may make a determination that it has initial jurisdiction pursuant to Section 62-5-707.

- Special jurisdiction is appropriate, if South Carolina does not have jurisdiction pursuant to Sections 62-5-707(1) through (3), to:
- (1) appoint a guardian in an emergency pursuant to this article for a term not exceeding ninety days for a respondent who is physically present in this State;
  - (2) issue a protective order with respect to real or tangible personal property located in this State; or
  - (3) appoint a guardian or conservator for an incapacitated or protected person for whom a provisional order to transfer the proceeding from another state has been issued pursuant to procedures similar to Section 62-5-714.

B. Venue for this proceeding is in this county because the alleged incapacitated person:

- resides in this county.
- is present in this county.
- is admitted to an institution pursuant to an order of a court of competent jurisdiction in this county.

4. Information - Family of allegedly incapacitated person, including dates of birth of minors. If there are no minors, so state.

Name	Date of Birth	Address	Relationship to Alleged Incapacitated Person

(use additional sheet if necessary)

5. The nature and degree of incapacity is as follows:

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**II. COMPLETE THIS SECTION IF APPOINTMENT IS SOUGHT.**

1. Is it your belief that the allegedly incapacitated person is in need of a guardian/successor guardian as a means of providing continuing care and supervision of the person of said incapacitated person?

- YES     NO If no, please explain.

---

2. The extent to which the guardian should be permitted to give consents or approvals that may be necessary to enable the allegedly incapacitated person to receive medical or other professional care, counsel, treatment or services is as follows:

---

(3) appoint a guardian or conservator for an incapacitated or protected person for whom a provisional order to transfer the proceeding from another state has been issued pursuant to procedures similar to Section 62-5-714.

B. Venue for this proceeding is in this county because the alleged incapacitated person:

- resides in this county.
- is present in this county.
- is admitted to an institution pursuant to an order of a court of competent jurisdiction in this county.

4. Information - Family of allegedly incapacitated person, including dates of birth of minors. If there are no minors, so state.

Name	Date of Birth	Address	Relationship to Alleged Incapacitated Person

(use additional sheet if necessary)

5. The nature and degree of incapacity is as follows:

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**II. COMPLETE THIS SECTION IF APPOINTMENT IS SOUGHT.**

1. Is it your belief that the allegedly incapacitated person is in need of a guardian/successor guardian as a means of providing continuing care and supervision of the person of said incapacitated person?

- YES     NO If no, please explain.

---

2. The extent to which the guardian should be permitted to give consents or approvals that may be necessary to enable the allegedly incapacitated person to receive medical or other professional care, counsel, treatment or services is as follows:

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3. The nature and extent of the care, assistance, protection, or supervision which is necessary or desirable for the allegedly incapacitated person under all the circumstances is as follows:

\_\_\_\_\_

4. Has a guardian appointed by a Will accepted such appointment?

NO  YES If yes, please explain.

\_\_\_\_\_

5. I request the appointment of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

E-mail: \_\_\_\_\_

whose priority for appointment as guardian for the alleged incapacitated person is as follows:

a person nominated to serve as guardian by the allegedly incapacitated person  
 an attorney-in-fact appointed by the allegedly incapacitated person pursuant to Section 62-5-501

spouse of the allegedly incapacitated person

adult child of the allegedly incapacitated person

parent of the allegedly incapacitated person

other relative of the allegedly incapacitated person (specify):

\_\_\_\_\_

nominated by the person who is caring for the alleged incapacitated person or paying benefits to him/her

Other (specify):

\_\_\_\_\_

6. Is it necessary to appoint a temporary guardian for the alleged incapacitated person until a hearing can be held on this Petition?

NO  YES If yes, please state the emergency reasons.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. ALL PETITIONERS MUST COMPLETE THIS SECTION.**

1.  I request that the Court set a time and place of hearing on this Petition and that the Court determine that the above person is incapacitated.

2.  I request that the Court determine that the need for the appointment of a guardian is proper; and that the Court appoints \_\_\_\_\_ as the Guardian for the above person; and, that Letters of Guardianship be issued to the guardian.

3. The following persons are required by statute to be given notice of the time and place of hearing on this Petition: (SCPC 62-5-309)

Name	Address	Relationship

**VERIFICATION**

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information, and belief.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public for South Carolina  
 My Commission Expires: \_\_\_\_\_

Email: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_

Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_

Email: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_

**QUALIFICATION AND STATEMENT OF ACCEPTANCE**

I accept this appointment and agree to perform the duties and discharge the trust of the office of Guardian of the incapacitated person of \_\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public for South Carolina  
 My Commission Expires: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 Telephone(O): \_\_\_\_\_  
 (H): \_\_\_\_\_

Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_

Email: \_\_\_\_\_  
 Telephone: (O) \_\_\_\_\_  
 (H): \_\_\_\_\_

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

PROBATE COURT

**IN THE MATTER OF  
CASE NUMBER**

**DOCTOR'S AFFIDAVIT REGARDING CAPACITY**

PERSONALLY APPEARED BEFORE ME \_\_\_\_\_  
Name of Notary

who being duly sworn deposes and says:

I am (Please set forth your medical credentials):  
\_\_\_\_\_

Business address and phone: \_\_\_\_\_

Date and Place of this examination: \_\_\_\_\_

I have had previous opportunities to evaluate the patient?  Yes  No  
(If yes, indicate dates and circumstances within the last year and/or reference if you have been the patient's personal physician for a period of time and the time frame.)

Is the patient oriented to time and place?  Yes  No

What is the physical condition and age of the patient? (Detail any other significant factors that may be relevant to the Court.)

Set forth the results of any tests which bear on the issue of incapacity and date of test:

**BASED UPON MY EVALUATION OF THIS PATIENT:**

I **DO NOT** believe this patient is an "incapacitated person".<sup>1</sup> I do not find any impairment by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, property, or finances.

I **DO BELIEVE THIS PATIENT IS AN "INCAPACITATED PERSON"**<sup>1</sup> and in need of a Guardian and/or Conservator as I find him/her to be impaired by reason of (CHECK ALL THAT APPLY AND SET OUT AND DESCRIBE THE LIMITATIONS RESULTING FROM EACH.)

- Mental Illness
- Mental Deficiency
- Physical Illness or Disability
- Advanced Age
- Chronic Use of Drugs
- Chronic Intoxication
- Other

<sup>1</sup>"Incapacitated person" means any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person or property. (Section 62-5-101 of the South Carolina Code of Law)

Is this condition permanent or temporary?

Can Patient perform activities of daily living?

What other information do you believe would assist the Court in making a determination of capacity?

**FURTHER AFFIANT SAYETH NOT.**

Physician's Signature: \_\_\_\_\_

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

Examiner: \_\_\_\_\_  
Credentials (M.D., Ph. D., D.O., R.N.)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

**FAILURE TO PROVIDE DETAILED RESPONSES TO THE QUESTIONS ON THIS AFFIDAVIT MAY  
OBLIGATE YOU TO APPEAR AT THE PROBATE COURT HEARING.**

All information **MUST** be typed or clearly printed.

STATE OF SOUTH CAROLINA

PROBATE COURT

COUNTY OF RICHLAND

**IN THE MATTER OF**

**CASE NUMBER**

**EXAMINER'S REPORT**

Please answer the following questions concerning the above person. Please provide details at the end of this form or an attached sheet of paper.

1. Have you treated this person before  
If yes, give brief history. Yes  No  Unknown
  
2. Has this person ever been rated or found:  
disabled Yes  No  Unknown   
mentally ill or incompetent Yes  No  Unknown   
chemically dependent Yes  No  Unknown
  
3. Can the above person:  
care for self (personal hygiene) Yes  No  Unknown   
prepare meals and/or clean house Yes  No  Unknown   
maintain bank accounts or funds Yes  No  Unknown   
pay bills Yes  No  Unknown   
live independently Yes  No  Unknown   
operate a car Yes  No  Unknown   
take medications unsupervised Yes  No  Unknown
  
4. Would the above person benefit from:  
further education Yes  No  Unknown   
further training Yes  No  Unknown   
therapy of some sort Yes  No  Unknown   
medical aids or equipment Yes  No  Unknown   
an operation or medical procedure(s) Yes  No  Unknown   
structured living arrangements Yes  No  Unknown
  
5. Has the above person had in the last six months:  
hospitalization(s) Yes  No  Unknown   
therapy or treatment Yes  No  Unknown   
inpatient or outpatient surgery Yes  No  Unknown   
major medical test(s) Yes  No  Unknown   
psychological or psychiatric testing Yes  No  Unknown
  
6. In your opinion, does this person have the mental or physical capacity to effectively manage his/her  
property and financial affairs Yes  No  Unknown   
  
and/or make necessary daily living and health care Yes  No  Unknown
  
7. To your knowledge, does this person have:  
a power of attorney Yes  No  Unknown   
a health care power of attorney or  
a "living will" Yes  No  Unknown



8. Does the above person have any of the following coverages?

health insurance

Yes  No  Unknown

medicare

Yes  No  Unknown

medicaid

Yes  No  Unknown

veteran's health care

Yes  No  Unknown

9. Does this person have a primary caretaker?

Yes  No  Unknown

If yes, please give available information on name, address, and relationship to above person.

SWORN to before me this \_\_\_\_\_ day of

Date: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Notary Public for South Carolina

\_\_\_\_\_  
Examiner's Name

My Commission Expires: \_\_\_\_\_

Use this space for explanations or additional comments.

STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND

PROBATE COURT

**IN THE MATTER OF  
CASE NUMBER**

**DOCTOR'S AFFIDAVIT REGARDING CAPACITY**

PERSONALLY APPEARED BEFORE ME \_\_\_\_\_  
Name of Notary

who being duly sworn deposes and says:

I am (Please set forth your medical credentials):  
\_\_\_\_\_

Business address and phone: \_\_\_\_\_

Date and Place of this examination: \_\_\_\_\_

I have had previous opportunities to evaluate the patient?  Yes  No  
(If yes, indicate dates and circumstances within the last year and/or reference if you have been the patient's personal physician for a period of time and the time frame.)

Is the patient oriented to time and place?  Yes  No

What is the physical condition and age of the patient? (Detail any other significant factors that may be relevant to the Court.)

Set forth the results of any tests which bear on the issue of incapacity and date of test:

**BASED UPON MY EVALUATION OF THIS PATIENT:**

I **DO NOT** believe this patient is an "incapacitated person".<sup>1</sup> I do not find any impairment by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, property, or finances.

I **DO BELIEVE THIS PATIENT IS AN "INCAPACITATED PERSON"**<sup>1</sup> and in need of a Guardian and/or Conservator as I find him/her to be impaired by reason of (CHECK ALL THAT APPLY AND SET OUT AND DESCRIBE THE LIMITATIONS RESULTING FROM EACH.)

- Mental Illness
- Mental Deficiency
- Physical Illness or Disability
- Advanced Age
- Chronic Use of Drugs
- Chronic Intoxication
- Other

<sup>1</sup>"Incapacitated person" means any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other cause to the extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person or property. (Section 62-5-101 of the South Carolina Code of Law)

Is this condition permanent or temporary?

Can Patient perform activities of daily living?

What other information do you believe would assist the Court in making a determination of capacity?

**FURTHER AFFIANT SAYETH NOT.**

Physician's Signature: \_\_\_\_\_

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

Examiner: \_\_\_\_\_  
Credentials (M.D., Ph. D., D.O., R.N.)

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

**FAILURE TO PROVIDE DETAILED RESPONSES TO THE QUESTIONS ON THIS AFFIDAVIT MAY OBLIGATE YOU TO APPEAR AT THE PROBATE COURT HEARING.**

All information **MUST** be typed or clearly printed.

STATE OF SOUTH CAROLINA

PROBATE COURT

COUNTY OF RICHLAND

**IN THE MATTER OF**

**CASE NUMBER**

**EXAMINER'S REPORT**

Please answer the following questions concerning the above person. Please provide details at the end of this form or an attached sheet of paper.

5. Have you treated this person before  
If yes, give brief history. Yes  No  Unknown
6. Has this person ever been rated or found:  
disabled Yes  No  Unknown   
mentally ill or incompetent Yes  No  Unknown   
chemically dependent Yes  No  Unknown
7. Can the above person:  
care for self (personal hygiene) Yes  No  Unknown   
prepare meals and/or clean house Yes  No  Unknown   
maintain bank accounts or funds Yes  No  Unknown   
pay bills Yes  No  Unknown   
live independently Yes  No  Unknown   
operate a car Yes  No  Unknown   
take medications unsupervised Yes  No  Unknown
8. Would the above person benefit from:  
further education Yes  No  Unknown   
further training Yes  No  Unknown   
therapy of some sort Yes  No  Unknown   
medical aids or equipment Yes  No  Unknown   
an operation or medical procedure(s) Yes  No  Unknown   
structured living arrangements Yes  No  Unknown
5. Has the above person had in the last six months:  
hospitalization(s) Yes  No  Unknown   
therapy or treatment Yes  No  Unknown   
inpatient or outpatient surgery Yes  No  Unknown   
major medical test(s) Yes  No  Unknown   
psychological or psychiatric testing Yes  No  Unknown
6. In your opinion, does this person have the mental or physical capacity to effectively manage his/her  
property and financial affairs Yes  No  Unknown   
  
and/or make necessary daily living and health care Yes  No  Unknown
7. To your knowledge, does this person have:  
a power of attorney Yes  No  Unknown   
a health care power of attorney or  
a "living will" Yes  No  Unknown

8. Does the above person have any of the following coverages?

health insurance

Yes  No  Unknown

medicare

Yes  No  Unknown

medicaid

Yes  No  Unknown

veteran's health care

Yes  No  Unknown

9. Does this person have a primary caretaker?

Yes  No  Unknown

If yes, please give available information on name, address, and relationship to above person.

SWORN to before me this \_\_\_\_\_ day of

Date: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Notary Public for South Carolina

\_\_\_\_\_  
Examiner's Name

My Commission Expires: \_\_\_\_\_

Use this space for explanations or additional comments.

**STATE OF SOUTH CAROLINA  
COUNTY OF RICHLAND**

**PROBATE COURT**

**IN THE MATTER OF**

**CASE NUMBER**

**VISITOR'S REPORT**

The undersigned court-appointed visitor in this guardianship proceeding submits the following report concerning the investigation which I conducted pursuant to 62-5-303 of the South Carolina Probate Code. In my visit to the place where the allegedly incapacitated person resides, I observed the following.

**REPORT ON THE INCAPACITATED PERSON**

1. Date and place of interview:
2. Oriented as to time and place?  YES  NO
3. Physical Appearance:
4. Who are his/her closest family members?
5. Does he/she have a doctor?  NO  YES If yes, please list the doctor's name, address, and phone number.
6. Does he/she have an attorney?  NO  YES If yes, please list the attorney's name, address, and phone number.
7. Does he/she think he/she needs help caring for himself/herself?  NO  YES If yes, in what areas?
8. Would he/she like help in caring for himself/herself?  
 YES  NO
9. Does he/she know the proposed Guardian?  YES  NO
10. How does he/she feel about having that person appointed as his/her guardian?
11. Does he/she feel any of the guardian powers or duties should be limited or restricted in any way? If so, how?

12. How does he/she feel about the proposed guardianship?

13. How does he/she feel about the proposed scope and duration of the proposed guardianship?

### **REPORT ON THE PROPOSED GUARDIAN**

1. Has an adult protective service case or family management case ever been opened on this person?

NO  YES If yes, please explain.

If yes, does the DSS record reveal anything you believe the court should know?  NO  YES If yes, please explain.

2. Does your investigation of the proposed guardian reveal anything that you believe the court should know?  NO  YES If yes, please explain.

3. Does your investigation reveal any other person who should be considered to be appointed the guardian in this matter?  NO  YES If yes, please explain, including name, address, telephone, age and relationship to allegedly incapacitated person.

### **REPORT ON CONDITION OF PRESENT PLACE OF RESIDENCE**

1. Date and time visited:

2. Address (include street, city, county, state, zip):

3. Type of abode:

4. Condition:

- a. exterior:
- b. interior:
- c. utilities working:
- d. cleanliness:
- e. fire hazards:
- f. other (explain):

**CONCLUSIONS AND ADDITIONAL COMMENTS:**

Prior to your visit, did you know the person who is alleged to be incapacitated?  NO   
YES If yes, please explain.

Prior to your visit, did you know the person who is seeking appointment?  NO  YES If  
yes, please explain.

Prior to your visit, did you or do you now have a personal interest in these proceedings?  
 NO  YES If yes, please explain.

Executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_