

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
IN THE MATTER OF:)



_____,)
an alleged incapacitated individual.)

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

WAIVER OF NOTICE

I waive receipt of a copy of the following item(s) pertaining to the above matter as indicated. I understand that by waiving the following items, I will not receive any copies or notices related to the item(s) waived.

- Application for informal appointment
- Petition for formal appointment
- Notice of Hearing on _____
- Inventory and Appraisement (including Supplementary, Amended or Corrected)
- Accounting (Interim or Final)
- Application for Discharge
- Any petition and corresponding order
- Any hearings, Right to Appear, or Notice of Appearance
- Other (specify): _____

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: _____