|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
| , | )  ) | IN THE PROBATE COURT |
| an alleged incapacitated individual. | )  )  )  ) | CASE NUMBER      -GC-     -  **ACCEPTANCE OF SERVICE; RENUNCIATION/NOMINATION** |

**ACCEPTANCE OF SERVICE**

I accept service of a copy of the Summons and Petition in this matter pursuant to Rule 4(j), SCRCP at the following location:       on the following date: ; and/or

**RENUNCIATION/NOMINATION FOR CONSERVATORSHIP**

(Check only one of the following two boxes):

I renounce my right to be considered for appointment as conservator; OR

I renounce my right to be considered for appointment as conservator and nominate the following person:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Preferred Telephone: |  |
| Secondary Telephone: |  |
| Email: |  |
| Relationship to alleged incapacitated individual: |  |

**RENUNCIATION/NOMINATION FOR GUARDIANSHIP**

(Check only one of the following two boxes):

I renounce my right to be considered for appointment as guardian; OR

I renounce my right to be considered for appointment as guardian and nominate the following person:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Preferred Telephone: |  |
| Secondary Telephone: |  |
| Email: |  |
| Relationship to alleged incapacitated individual: |  |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | | |  | day of | Signature: |  |
| , | | | | 20 | . | Print Name: |  |
|  | | | | | | Address: |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |
| Print Name: |  | | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | | Secondary Telephone: |  |
|  | | (State) | | | | Email: |  |
| My Commission Expires: | | | (Date) | | | Relationship to the alleged incapacitated individual: |  |