

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

▲ PROBATE COURT USE ONLY ▲  
IN THE PROBATE COURT  
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), SCRPC 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: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)  
My Commission Expires: \_\_\_\_\_  
(Date)

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to the alleged incapacitated individual: \_\_\_\_\_