

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 a ward. )  
 )  
 )  
 )  
 )  
 )

▲ PROBATE COURT USE ONLY ▲  
 IN THE PROBATE COURT  
 CASE NUMBER -GC- -  
 APPLICATION FOR RELIEF  
 (GUARDIANSHIP)

Applicant: \_\_\_\_\_

What is your relationship to the proceeding?

- Ward  Guardian  Conservator  Interested Person  Other: \_\_\_\_\_

**RELIEF SOUGHT** (check all that apply)

- 1. Termination/Discharge of the Guardian because (check all that apply):
  - Ward died on \_\_\_\_\_ .
    - Obituary is attached.
    - Death Certificate is attached.
    - Final Accounting is attached and approval of same is requested.
    - Ward's original Will is attached.
  - The Guardian died on \_\_\_\_\_ .
    - Obituary is attached.
    - Death Certificate is attached.

- 2. Other requested relief pursuant to S.C. Code Ann. § 62-5-307
  - a. Describe the relief you are requesting.
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  - b. Why is the requested relief necessary?
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.

The Court may approve or deny the application without notice, require notice to such persons as the Court directs, or may require the commencement of a formal proceeding pursuant to S.C. Code Ann. § 62-5-428(B). By filing this document, the Applicant is personally submitting to the jurisdiction of this Court.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to the Protected Person: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Bar Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Attorney for: \_\_\_\_\_