

COUNTY OF: \_\_\_\_\_ )  
 )  
 )  
 )  
IN THE MATTER OF: \_\_\_\_\_ )  
(Alleged Incapacitated Person)

IN THE PROBATE COURT

CASE NUMBER: \_\_\_\_\_

PETITION FOR:

\_\_\_\_\_  
Petitioner

vs.

☐ MINOR  
☐ ADULT

☐ PROTECTIVE ORDER  
☐ APPOINTMENT OF CONSERVATOR  
☐ SUCCESSOR CONSERVATOR

\_\_\_\_\_  
Respondent(s)

Petitioner: \_\_\_\_\_

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

2. Information – Minor/Allegedly Incapacitated Person

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Last Four Digits of  
Social Security Number: XXX-XX-\_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Office/other): \_\_\_\_\_

To my knowledge, the above-named ☐ DOES ☐ DOES NOT have a Will

To my knowledge, the above-named ☐ DOES ☐ DOES NOT have a Power of Attorney

3. Venue for this proceeding is proper in this county because the above minor/alleged incapacitated person:

☐ resides in this county  
☐ does not reside in this county but has property in this county

4. The name and address of the above person's guardian, if any, is:

5. Information -- Family (list nearest relative first) of minor/alleged incapacitated person, including dates of birth of minors:

Name	Date of Birth	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(use additional sheet if necessary)

6. The following is a general statement of the property, assets and income of the above person, together with an estimate of the value thereof: (A full inventory, form #550PC, shall be completed and filed with the Court within thirty days of appointment.)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____

7. The appointment of a conservator for the above person is necessary because (state reasons justifying appointment):

\_\_\_\_\_  
 \_\_\_\_\_

8. I request the appointment of:

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

whose priority for appointment as conservator for the above person is as follows:

- ☐ fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the minor/alleged incapacitated person resides  
☐ individual or corporation nominated by the minor/alleged incapacitated person (if fourteen or more years of age and deemed mentally capable of making such a choice)  
☐ attorney-in-fact appointed by protected person (Pursuant to S.C. Code Ann. Section 62-5-501)  
☐ spouse of protected person  
☐ adult child of protected person  
☐ parent of protected person or person nominated by Will of deceased parent  
☐ other relative of protected person  
 (specify): \_\_\_\_\_  
☐ person nominated by the person who is caring for protected person or paying benefits to him/her  
☐ nominated by one with priority to serve in his/her stead (specify): \_\_\_\_\_  
☐ other (specify): \_\_\_\_\_

9. The following persons are required by statute to be given notice of the time and place of hearing on this Petition:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. I request that the Court set a time and place of hearing on this Petition; that the Court determine that the above person is a person for whom appointment of a conservator is proper; that the Court appoint \_\_\_\_\_ as the conservator for the above minor/incapacitated person; and, that Letters of Conservatorship be issued to the conservator for the above minor/incapacitated person; and, that Letters of Conservatorship be issued to the conservator.

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

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

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#### 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 \_\_\_\_\_, \_\_\_\_\_

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

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

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

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

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

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

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

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#### QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Conservator of the conservatorship of \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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