

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

IN THE PROBATE COURT

CASE NUMBER: _____

PETITION FOR:

☐ MINOR
☐ ADULT

☐ PROTECTIVE ORDER
☐ APPOINTMENT OF CONSERVATOR

Petitioner

vs.

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.

Executed this _____ day of _____, 20_____.

Signature: _____

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 _____, 20_____

Signature: _____

Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

E-mail: _____

Telephone (O): _____

(H): _____

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

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 _____, 20_____.

SWORN to before me this _____ day of _____, 20_____

Signature: _____

Name: _____

Address: _____

Notary Public for South Carolina
My Commission Expires: _____

E-mail: _____

Telephone (O): _____

Telephone (H): _____

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

Telephone (H): _____