

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE PROBATE COURT  
CASE NUMBER: \_\_\_\_\_-GC-\_\_\_\_-\_\_\_\_\_

IN THE MATTER OF:  
\_\_\_\_\_,  
an alleged incapacitated individual.

**WAIVER BY ALLEGED INCAPACITATED INDIVIDUAL**

By signing this document, I freely and voluntarily waive: (Check all that apply.)

**Notice of a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I do not check this box waiving notice, I am legally entitled to at least twenty (20) days notice of a hearing unless the Court provides for a different time of giving notice.

**The right to be present at a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

**The right to a hearing to determine whether I am incapacitated and whether I need a guardian, a conservator, or a protective order.**

I understand that if I check this box waiving my right to a hearing the Court may proceed without a hearing and enter a temporary consent order regarding whether I need a guardian, a conservator, or a protective order. I further understand that if the court enters a temporary consent order, I will have thirty (30) days to request a formal hearing on the order.

I understand and acknowledge that I am not required to complete this waiver and that I may discuss this waiver with my attorney and/or Guardian *ad Litem*. I understand that I may rescind this waiver at any time by filing a written document with the court to that effect.

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

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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