

STATE OF SOUTH CAROLINA
COUNTY OF

IN THE MATTER OF:

_____,
an alleged incapacitated
individual.

_____,
vs. Petitioner(s)

_____,
Respondent(s)

IN THE PROBATE COURT
CASE NUMBER: _____-GC-____-_____

NOTICE OF RIGHT TO COUNSEL

YOU, **THE ALLEGED INCAPACITATED INDIVIDUAL**, HAVE THE RIGHT TO CHOOSE YOUR OWN ATTORNEY TO REPRESENT YOU IN THE ABOVE MATTER.

IF A NOTICE OF APPEARANCE HAS NOT BEEN RECEIVED BY THE COURT WITHIN FIFTEEN (15) DAYS FROM THE FILING OF THE PROOF OF SERVICE IN THIS MATTER, THE COURT WILL APPOINT AN ATTORNEY FOR YOU.

Signature: _____
Print Name: _____
Address: _____

Preferred Telephone: _____
Email: _____
Relationship to the
alleged incapacitated individual: _____

Attorney Signature: _____
Print Name: _____
Firm Name: _____
Bar Number: _____
Address: _____
Telephone: _____
Email: _____
Attorney for: _____

Executed this _____ day of _____, 20____.