

STATE OF SOUTH CAROLINA
COUNTY OF _____

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

IN THE MATTER OF:

**SPECIAL POWER OF ATTORNEY
DELEGATING POWERS OF GUARDIAN**

_____,
a protected person.

Name of Guardian: _____
Name of Co-Guardian: _____

I/We _____ the above-named Guardian or Co-Guardians were appointed by this Court on _____, 20 _____ to serve in that capacity for _____, a protected person.

To the extent of the power granted to me/us pursuant to S.C. Code Ann. § 62-5-309, subject to the rights and powers retained by the Protected Person, and except as modified by order of the Court, I/we hereby delegate the powers vested in me/us regarding the care and custody of _____ to _____.

The delegation of this authority is for the period from ____ / ____ / ____ to ____ / ____ / ____ , but for no more than sixty (60) days from the date of this document. This document automatically terminates in sixty (60) days, unless I notify the Court sooner. The original of this document is on file with the _____ County Probate Court, as required by S.C. Code Ann. § 62-5-309(C). A copy of my/our Certificate of Appointment as Guardian or Co-Guardian is attached to this Special Power of Attorney.

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

Guardian's Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____

Telephone: _____
Email: _____
Relationship to the Protected Person: _____

My Commission Expires: _____

Executed this _____ day of _____, 20 _____ .

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

Co-Guardian's
Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____

Telephone: _____
Email: _____
Relationship to the Protected Person: _____

My Commission Expires: _____

Executed this _____ day of _____, 20 _____ .

ACCEPTANCE

I, _____, accept the appointment given through this Special Power of Attorney Delegating Powers of Guardian. By accepting this appointment I acknowledge that I am submitting myself to the jurisdiction of the Court, and that I have the same duties and responsibilities towards _____ as if I had been appointed as Guardian directly by the Court.

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

Print Name: _____

Notary Public for: _____

My Commission Expires: _____

Signature: _____

Print Name: _____

Address: _____

Telephone: _____

Email: _____

Relationship to the _____

Protected Person: _____

Executed this _____ day of _____, 20 _____.