

STATE OF SOUTH CAROLINA
COUNTY OF

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

IN THE MATTER OF:

_____,
an alleged incapacitated
individual.

_____,
vs. Petitioner(s)

_____,
Respondent(s)

SUMMONS

TO THE RESPONDENT(S) LISTED ABOVE:

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

(Name of Petitioner/Attorney for Petitioner, PRINT)

(Street address or mailing address, PRINT)

(City, State, and zip code, PRINT)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: _____

STATE OF SOUTH CAROLINA
COUNTY OF _____

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

IN THE MATTER OF:
_____,
a protected person.

PETITION FOR ALLOWANCE OF CLAIM

_____,
vs. Petitioner(s)

_____,
Respondent(s)

The undersigned petitions the Court to allow the following claims against the conservatorship in the amounts set forth below:

Creditor Name and Address

Amount of Claim

Creditor Name and Address	Amount of Claim
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In support of this Petition, Petitioner incorporates the claim(s) referenced above as presented to the Conservator and alleges that each claim is valid and any claim not yet presented is attached to this Petition and made a part hereof and is being presented within the requisite statute of limitations.

Other: _____

Signature: _____
Print Name: _____
Address: _____

Telephone: _____
Email: _____

Relationship to the proceeding: _____

Attorney Signature: _____
Name: _____
Firm Name: _____
Address: _____

Telephone: _____
Email: _____
Attorney for: _____

Executed this _____ day of _____, 20____.

***NOTE: THIS IS A FORMAL PROCEEDING. IN ADDITION TO FILING A
SUMMONS AND PETITION, YOU MUST PAY THE STATUTORY FILING FEE OF \$150.00.
A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**