

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

(An alleged mentally ill / chemically dependent)
person / person with intellectual disability)

IN THE PROBATE COURT
CASE NUMBER: _____

**WAIVER OF IN-PERSON COURT
APPEARANCE AND
CONSENT TO VIDEO/AUDIOCONFERENCING**

I understand pursuant to S.C. Code Ann. § 44-17-570 or S.C. Code Ann. § 44-20-450(B), the person for whom the hearing is being held may have the right to personally appear in Probate Court and such right may be waived only by him or his attorney, and, with that knowledge, I voluntarily waive that right and consent to appear in court by use of video/audioconferencing.

I acknowledge that I want to handle the following matter by videoconferencing by initialing the type of hearing below:

1. _____ Commitment hearing of an alleged mentally ill person
2. _____ Supplemental hearing of an alleged mentally ill person
3. _____ Commitment hearing of a chemically dependent person
4. _____ Supplemental hearing of a chemically dependent person
5. _____ Commitment hearing of a child in need of mental health treatment
6. _____ Supplemental hearing of a child in need of mental health treatment
7. _____ Admission of a person with intellectual disability or a related disability to the services of the Department of Disabilities and Special Needs
8. _____ Supplemental hearing of a person with intellectual disability or a related disability
9. _____ Other: _____

Videoconferencing to: _____ in _____ County

I also acknowledge that the outcome or consequence of this matter would be no different if the allegedly mentally ill/ chemically dependent person/ person with intellectual disability/ child in need of mental health treatment appeared in person. The court will retain the original audio or video recording for not less than 75 years from case initiation and until all administrative action has been completed. By my signature below, I, the Attorney/Guardian ad Litem for the above named allegedly mentally ill person, chemically dependent person, person with intellectual disability, or child in need of mental health treatment consent to the use of video/audioconferencing in this Probate Court proceeding.

Signature of Attorney/Guardian ad Litem

Print Name

Bar Number

Date