

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

IN THE MATTER OF:

\_\_\_\_\_,  
an alleged incapacitated individual.

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

**NOTICE OF CORRECTION**

**THIS FORM CANNOT BE USED TO ADD OR DELETE  
INTERESTED PERSONS ON A PETITION, APPLICATION,  
OR PLEADING**

Please correct the error(s) in the following document(s):

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

Document to be corrected: \_\_\_\_\_

Correction(s) to be made: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Notary Public for: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

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

**NOTE: Use of this form is limited to correcting minor clerical errors.**