

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF: )  
 )  
\_\_\_\_\_, )  
a protected person. )

▲ PROBATE COURT USE ONLY ▲  
IN THE PROBATE COURT  
CASE NUMBER \_\_\_\_-GC-\_\_\_\_-\_\_\_\_\_

**APPLICATION FOR RELIEF  
(CONSERVATORSHIP)**

Applicant: \_\_\_\_\_

What is your relationship to the proceeding?

- Protected Person    Guardian    Conservator    Interested Person    Other: \_\_\_\_\_

**RELIEF SOUGHT** (check all that apply)

- 1. Termination/Discharge of the Conservator because (check all that apply):
  - Protected Person died on \_\_\_\_\_ .
    - Obituary is attached.
    - Death Certificate is attached.
    - Final Accounting is attached and approval of same is requested.
    - Protected Person's original Will is attached.
  - The Conservator died on \_\_\_\_\_ .
    - Obituary is attached.
    - Death Certificate is attached.
  - Protected Person has reached the age of eighteen (18) or has been emancipated by Court Order.
    - Birth Certificate is attached.
    - Court Order is attached.
    - Final Accounting is attached and approval of the same is requested.
    - Other: \_\_\_\_\_
  - The net aggregate amount of the conservatorship assets is less than \$15,000.
    - Final Accounting is attached and approval of the same is requested.
  - Protected Person has regained capacity.
    - A Doctor's Affidavit regarding capacity is attached.
- 2. Require an  increase or  reduction in the conservatorship bond or security.  
Bond should be set at the following amount: \$ \_\_\_\_\_
- 3. Require the Conservator to complete a current Conservator Report (FORM #567GC-SF).
- 4. Approval for payment of the Protected Person's funeral expenses in the amount of: \$ \_\_\_\_\_  
 A quote for the funeral expenses is attached.
- 5. Resignation of the Conservator. The reason for the resignation is:  
\_\_\_\_\_
- 6. Removal of the Conservator for the following reason:  
\_\_\_\_\_

7. Appointment of a Successor Conservator:

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

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to the Protected Person: \_\_\_\_\_

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

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to the Protected Person: \_\_\_\_\_

8. Other relief as provided for in S.C. Code Ann. § 62-5-413 or S.C. Code Ann. § 62-5-422(B).

Describe the relief you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is the requested relief necessary?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.**

The Court may approve or deny the application without notice, require notice to such persons as the Court directs, or may require the commencement of a formal proceeding pursuant to S.C. Code Ann. § 62-5-428(B). By filing this document, the Applicant is personally submitting to the jurisdiction of this Court.

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

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship to the Protected Person: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Bar Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Attorney for: \_\_\_\_\_