| STATE OF SOUTH CAROLINA) | |
|---|---|
| COUNTY OF | |
|) | |
| IN THE MATTER OF: | ▲ PROBATE COURT USE ONLY ▲ |
| | IN THE PROBATE COURT |
| an alleged incapacitated individual.) | CASE NUMBERGC |
| ý | PROBATE COURT INSTRUCTIONS |
|) | FOR MOTION FOR <u>EMERGENCY</u> RELIEF AND HEARING PURSUANT TO |
| ý | S.C. CODE ANN. § 62-5-108 |
| alleged incapacitated individual (A.I.I.), or substant | and irreparable injury or damage to the health, safety, or welfare of an ntial economic loss to the A.I.I., is likely and imminent before a |
| | <u>luled.</u> If this is not an emergency as described below, but there is a earing may be scheduled, you may file a Motion for Temporary Relief |
| This emergency Motion must be filed at the same | ne time as a (a) Summons and Petition, (b) Motion for Appointment of |
| Counsel for the A.I.I. if none has been retained (Fo | rm 523GC), (c) Motion for Appointment of Guardian ad Litem (GAL) if |
| | sician's Affidavit for Emergency/Temporary Relief (Form 522GC), and ncies for which the court may grant a motion for emergency relief are |
| as follows: | 1000 Tol. Willow and count may grant a motion for omergency roller and |
| a. A.I.I.'s imminent loss of federal or sta Supplemental Security Income, VA benefits | ite assistance such as Medicaid, Medicare, Social Security income, |
| b. Kidnapping or false imprisonment of A.I.I | I., or transport of A.I.I. out of the state of South Carolina. |
| c. Inability or refusal of A.I.I. to give informe | ed consent to emergency medical procedures. |
| d. A.I.I.'s inability to provide for own ment treatment. | tal and physical needs which requires a guardian to seek immediate |
| e. Need for or loss of housing or nursing ho emergency. | ome care for A.I.I.; provided, however, homelessness by itself is not an |
| f. Unauthorized transfer of assets of A.I.I. in | ncluding unauthorized transfer by agent pursuant to power of attorney. |
| g. Inability of A.I.I. to take immediate action | necessary to preserve assets. |
| h. Inability of A.I.I. to prosecute or defend le | egal actions, or execute legal documents. |
| i. A.I.I.'s imminent marriage. | |
| | s of the proposed guardian, conservator, or other fiduciary must be kground check from the state of residence of the proposed guardian, ed with the Motion. |
| 4. If the Motion includes a request for the freezing A.I.I. must be provided. | or restriction of assets, information as to specific bank accounts of the |
| 5. An emergency hearing must be scheduled within ordered by the court. | n ten (10) days of the issuance of the Ex Parte Order or as otherwise |
| I HAVE READ AND UNDERSTAND THESE INSTR | UCTIONS: |

Petitioner/Movant

Executed this _____ day of _____, 20_____.

| STATE OF SOUTH CAROLINA) | |
|---|---|
| COUNTY OF) | |
| IN THE MATTER OF:) | ▲ PROBATE COURT USE ONLY ▲ |
| an alleged incapacitated individual.) | IN THE PROBATE COURT CASE NUMBER -GC |
| Petitioner(s),) vs.) | NOTICE OF AND MOTION FOR EMERGENCY RELIEF AND HEARING |
| Respondent(s). | |
| I move for emergency relief to protect the welfare or assets individual (A.I.I.), and request a hearing on, 20orders, for: | of, an alleged incapacitated, at a.m./p.m., or at such date and time as the Court |
| ☐ Emergency appointment of: ☐ temporary guardian, ☐ ter | nporary conservator, or other fiduciary (specify type): |
| Proposed fiduciary name:Proposed fiduciary address:Relationship to A.I.I.: | |
| \square Removal of existing \square guardian, \square conservator, or \square or | ther fiduciary, and appointment of a successor. |
| ☐ Appointment of Guardian <i>ad Litem</i> or ☐ removal of Guard | lian <i>ad Litem</i> . |
| ☐ An emergency protective order as follows (specify): | |
| Immediate and irreparable injury, loss, or damage will result be held pursuant to S.C. Code Ann. § 62-5-108(B) as shown by | |
| If an emergency order for temporary guardianship, conservate A.I.I. is requested, a physician's affidavit dated within the last | |
| Executed this day of, 2 | 0 |
| Signature: | |
| Print Name: | |
| Address: | |
| Preferred Telephone: | |
| Secondary Telephone: | |
| Email: Relationship to A.I.I.: | |
| Attorney Signature: | |
| Print Name: | |
| Firm Name: | |
| Bar Number: Address: | |
| | |
| Telephone: Email: | |
| Attorney for: | |
| | |