

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 an alleged incapacitated individual. )  
 )  
 )  
 \_\_\_\_\_, )  
 Petitioner(s), )  
 vs. )  
 )  
 \_\_\_\_\_, )  
 Respondent(s). )

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT  
 CASE NUMBER \_\_\_\_\_-GC-\_\_\_\_\_-\_\_\_\_\_

**NOTICE OF RIGHT TO COUNSEL**

You, the alleged incapacitated individual, have the right to choose your own attorney to represent you in the above matter.

If a notice of appearance by your own attorney has not been received by the Court within fifteen (15) days from the filing of the proof of service in this matter, the court will appoint an attorney for you.

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

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Attorney for: \_\_\_\_\_