

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN THE MATTER OF: )  
 )  
 \_\_\_\_\_, )  
 Decedent     Alleged Incapacitated Individual )  
 Minor         Other: \_\_\_\_\_ )  
 )  
 )  
 \_\_\_\_\_, )  
 Petitioner(s), )  
 vs. )  
 \_\_\_\_\_ )  
 \_\_\_\_\_, )  
 Respondent(s).\*

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT

CASE NUMBER \_\_\_\_-GC-\_\_\_\_-\_\_\_\_

**SUMMONS**

\*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

**TO THE RESPONDENT(S) LISTED ABOVE:**

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

*Please Type or Print.*

\_\_\_\_\_  
 (Name of Petitioner/Attorney for Petitioner)  
 \_\_\_\_\_  
 (Street Address or Mailing Address)  
 \_\_\_\_\_  
 (City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

\_\_\_\_\_  
 Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: \_\_\_\_\_