STATE OF SOUTH CAROLINA	)	
	)	
COUNTY OF	)	
	)	
IN THE MATTER OF:	)	
_____,	)	
an alleged incapacitated individual.	)	▲ PROBATE COURT USE ONLY ▲
	)	
_____	)	IN THE PROBATE COURT
	)	CASE NUMBER _____-GC-_____ - _____
Petitioner(s),	)	
vs.	)	**PROBATE COURT INSTRUCTIONS FOR**
	)	**NOTICE OF AND MOTION FOR**
_____	)	**<u>TEMPORARY</u> RELIEF AND HEARING**
Respondent(s).	)	**PURSUANT TO S.C. CODE ANN. § 62-5-108**
	)	

1. This Motion is to be used where action should be taken on behalf of an alleged incapacitated individual (A.I.I.) before a permanent hearing may be scheduled; for example: incapacity is expected to be of limited duration, the action is limited in scope, or a currently serving fiduciary is not adequately performing his duties. It must be filed at the same time as: (a) Summons and Petition, (b) Motion for Appointment of Counsel for the A.I.I. if none has been retained (Form 523GC), (c) Motion for Appointment of Guardian *ad Litem* (GAL) if none previously appointed (Form 527GC), (d) Physician's Affidavit for Emergency/Temporary Relief (Form 522GC), and (e) any supporting affidavits.

If this is an emergency and risk of harm or loss is **<u>likely and imminent before a temporary or permanent hearing may be scheduled</u>**, please file a Notice of and Motion for Emergency Relief (Form #512GC).

2. Evidence of the suitability and creditworthiness of the proposed guardian, conservator, or other fiduciary must be provided in a written credit report and criminal background check from the state of residence of the proposed guardian, conservator, or other fiduciary, and must be submitted with this Motion.

3. If the Motion includes a request for the freezing or restriction of assets, information as to the bank accounts of the A.I.I. must be provided.

4. A temporary hearing will not be scheduled until the court receives proof of service at least ten (10) days prior to the hearing of a (a) summons and petition, (b) motion for temporary relief with supporting affidavits, (c) motion and order for the appointment of an attorney if none previously retained, and (d) motion and order for appointment of guardian *ad litem* if none previously appointed.

5. A temporary order will not be issued without notice of hearing to the A.I.I., the attorney for A.I.I., Guardian *ad Litem* for the A.I.I., and adverse parties, unless otherwise determined by the court.

6. A temporary order expires six (6) months from the date of issuance of the order.

I HAVE READ AND UNDERSTAND THESE INSTRUCTIONS.

Executed this _____ day of _____, 20_____ _____

Petitioner/Movant

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 AND MOTION FOR
<u>TEMPORARY</u> RELIEF AND HEARING

I move for temporary relief to protect the welfare or assets of _____, an alleged incapacitated individual (A.I.I.), and request a hearing on _____, 20_____, at _____ am/pm, or at such date and time as the court orders, for:

☐ Appointment of: ☐ temporary guardian, ☐ temporary conservator, or ☐ other fiduciary (specify type) _____:

Proposed fiduciary name: _____
Proposed fiduciary address: _____
Relationship to A.I.I.: _____

☐ Removal of existing ☐ guardian, ☐ conservator, or ☐ other fiduciary, and appointment of a successor.

☐ Appointment of Guardian *ad Litem* or ☐ removal of Guardian *ad Litem*.

☐ A temporary protective order as follows (specify): _____

Immediate relief is needed pending the appointment of a permanent ☐ guardian, ☐ conservator, or ☐ other fiduciary; or the issuance of a permanent protective order, as shown by the following facts:

_____

If a temporary guardianship or protective order related to the welfare of the A.I.I. is requested, a physician's affidavit dated within the last forty-five (45) days is attached.

Executed this _____ day of _____, 20_____.

Signature: _____
Print Name: _____
Address: _____
_____
Preferred Telephone: _____
Secondary Telephone: _____
Email: _____
Relationship to the
alleged incapacitated individual: _____

Attorney Signature: _____
Print Name: _____
Firm Name: _____
Bar Number: _____
Address: _____
_____
Telephone: _____
Email: _____