

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

IN THE PROBATE COURT

**APPLICATION/PETITION FOR APPOINTMENT OF  
SPECIAL ADMINISTRATOR**

IN THE MATTER OF: \_\_\_\_\_ )

) CASE NUMBER: \_\_\_\_\_

Applicant/Petitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

1. Nature of interest of undersigned:

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

2.  Informal Proceeding

Appointment of a special administrator is requested:

to protect the estate prior to the appointment of a general Personal Representative.

because of the termination by death or disability of \_\_\_\_\_, the  
previously appointed Personal representative.

for a creditor to enforce a security interest upon property of the estate or to institute proceedings to  
establish the decedent's liability to the extent of the limits of insurance protection only.

Formal Proceeding

Appointment of a special administrator is requested to preserve the estate and to secure the estate  
and to secure the estate's proper administration.

3. Explanation:

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

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

Signature: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Telephone (O): \_\_\_\_\_

(H): \_\_\_\_\_

Attorney: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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**ORDER FOR HEARING**

IT IS HEREBY ORDERED that a hearing on this matter be set for:

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PLACE: \_\_\_\_\_

Pursuant to SCPC Section 1-401, the petitioner is ordered to give notice of this hearing to all interested persons at least twenty (20) days prior to the hearing date.

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

\_\_\_\_\_  
\_\_\_\_\_, Probate Court Judge

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**ORDER OF APPOINTMENT**

IT IS HEREBY ORDERED that the above application for appointment of Special Administrator in the above estate be  GRANTED  DENIED as follows:

**RESTRICTIONS:**

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

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

\_\_\_\_\_  
\_\_\_\_\_, Probate Court Judge

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**QUALIFICATION AND STATEMENT OF ACCEPTANCE**

I accept appointment and agree to perform the duties and discharge the trust of the office of Special Administrator/ Personal Representative of the estate of \_\_\_\_\_.

SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_