

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
IN THE MATTER OF:)
)

(Decedent))

IN THE PROBATE COURT

*PETITION FOR REVIEW:
 EMPLOYMENT
 COMPENSATION

CASE NUMBER: _____

Petitioner(s)
vs.

Respondent(s)

Petitioner hereby requests the Court's review of:

- the appropriateness of employing the persons named in the annexed schedule and the compensation for said persons as set forth therein.

- the reasonableness of the compensation of the persons, agents, and/or Personal Representative(s) as set forth in the annexed schedule.

These pleadings are being served on all interested persons as required by law.

Executed this _____ day of _____, 20_____.

Signature: _____
Print Name: _____
Address: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
Email: _____
Relationship to Decedent/Estate: _____

Attorney: _____
Address: _____

Telephone: _____
Email: _____

***NOTE: IF THIS IS A FORMAL ACTION, IN ADDITION TO A PETITION, YOU MUST ALSO FILE A SUMMONS (FORM SCCA 401PC) AND PAY THE STATUTORY FILING FEE OF \$150.00. A HEARING IN THE PROBATE COURT ON THE PETITION MAY BE REQUIRED.**

ORDER

IT IS HEREBY ORDERED that the above petition is GRANTED DENIED as follows: _____.

Executed this _____ day of _____, 20_____.

, Probate Court Judge