

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

IN THE MATTER OF: )  
 )  
 \_\_\_\_\_ )  
 a protected person. )

▲      PROBATE COURT USE ONLY      ▲
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CASE NUMBER: \_\_\_\_\_-GC-\_\_\_\_\_-\_\_\_\_\_

**CONSERVATOR REPORT FOR A MINOR**

- ANNUAL REPORT
- AMENDED ANNUAL REPORT # \_\_\_\_\_
- INTERIM REPORT REQUIRED BY COURT ORDER
- FINAL REPORT WITH APPLICATION/PETITION FOR DISCHARGE

**NOTE:** In addition to completing this form, if you seek Court action, you **must** file a pleading requesting relief.

1. The undersigned Conservator submits this Conservator Report covering the period from \_\_\_\_\_ (mm/dd/yy) through \_\_\_\_\_ (mm/dd/yy).
2. If the Protected Person is over the age of 14, does he/she have sufficient mental capacity to understand this Report?  
 YES     NO    If yes, you must provide a copy of this Report to the Protected Person.
3. Does the Protected Person reside with his/her parent(s)?  
 YES     NO    If yes, you must provide a copy of this Report to his/her parent(s).
4. Has the Protected Person's contact information changed since the last Report?  
 YES     NO    If yes, please provide updated contact information for him/her below.

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

5. ACCOUNTING SUMMARY

<b>CALCULATION SUMMARY</b>	
5a. <b>BEGINNING BALANCE</b> – From Inventory & Appraisement (Form #550GC) <b>OR</b> Amount from Line 5(e) in the most recent Conservator Report)	\$
5b. PLUS: Total Receipts	\$
5c. <b>SUBTOTAL</b> (add Line 5a to 5b)	\$
5d. LESS: Total Disbursements	\$
5e. <b>ENDING BALANCE</b> (subtract Line 5d from 5c)	\$



**PROOF OF DELIVERY**

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed or delivered this Conservator Report to all persons required to receive a copy of this Report pursuant to S.C. Code Ann. § 62-5-416(C) and any Orders of this Court. Delivery was accomplished by the following method (*check appropriate box(es)*):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail

**NAME**

**ADDRESS**


**VERIFICATION**

The Conservator being sworn, states that the facts set forth in the foregoing Conservator Report are true and correct to the best of the Conservator's knowledge.

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

Conservator's Signature: \_\_\_\_\_

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

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

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

Notary Public for: \_\_\_\_\_

(State)

My Commission Expires: \_\_\_\_\_

(Date)

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

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

Email: \_\_\_\_\_

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

Co-Conservator's Signature: \_\_\_\_\_

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

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

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

Notary Public for: \_\_\_\_\_

(State)

My Commission Expires: \_\_\_\_\_

(Date)

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

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

Email: \_\_\_\_\_

PLEASE CHECK THIS BOX IF THE CONTACT INFORMATION FOR THE CONSERVATOR HAS CHANGED SINCE THE LAST REPORT.