|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) |  |
|  | ) |  |
| COUNTY OF | ) |  |
|  | ) |  |
|  | ) |  |
|  | ) |  |
| IN THE MATTER OF: | ) | PROBATE COURT USE ONLY |
|  | ) |  |
| , | ) | CASE NUMBER:      -GC-     - |
| a protected person. | ) |  |
|  | ) | **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.

1. 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).

1. 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: |  |

1. ACCOUNTING SUMMARY

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

|  |  |  |  |
| --- | --- | --- | --- |
| **RECEIPTS** | | **DISBURSEMENTS** | |
| (Assets received by the Protected Person this year.) | | (Assets paid out from the  Protected Person's funds this year.) | |
| **Description of Receipt** | **Amount** | **Description of Disbursement** | **Amount** |
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|  |  |  |  |
| **TOTAL RECEIPTS (LINE 5b)** | $ | **TOTAL DISBURSEMENTS**  **(Line 5d)** | $ |

**NOTE: IF THE SPACE PROVIDED IS NOT SUFFICIENT TO ANSWER THE QUESTIONS ABOVE, PLEASE COMPLETE YOUR ACCOUNTING ON A SEPARATE SHEET OF PAPER AND ATTACH.**

1. List all assets of the Protected Person managed by the Conservator:

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF ASSET** | **LOCATION OF ASSET OR**  **NAME OF FINANCIAL INSTITUTION** | **CURRENT FAIR MARKET VALUE** | **COVERED BY INSURANCE?** |
| REAL PROPERTY (*Provide information on all real property held in the Protected Person’s name except those held with rights of survivorship.)* | | | |
|  |  |  |  |
|  |  |  |  |
| BANK ACCOUNTS AND INVESTMENTS (*Provide information on all conservatorship restricted accounts, stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, etc.*) | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| MOTOR VEHICLES (*Provide information on all motor vehicles titled in the Protected Person’s name, either individually or jointly, or in the Conservator’s name for the Protected Person.*) | | | |
|  |  |  |  |
|  |  |  |  |
| OTHER ASSETS (*Provide information on all other assets owned by the Protected Person including, but not limited to: business interests, home furnishings, collections, boats, recreational vehicles, jewelry, firearms, etc.*) | | | |
|  |  |  |  |
|  |  |  |  |

**NOTE: IF THE SPACE PROVIDED IS NOT SUFFICIENT TO ANSWER THE QUESTIONS ABOVE, PLEASE COMPLETE YOUR ACCOUNTING ON A SEPARATE SHEET OF PAPER AND ATTACH.**

**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  ordinary first-class mail

certified mail  registered mail

commercial delivery

|  |  |  |
| --- | --- | --- |
| **NAME** |  | **ADDRESS** |
|  |  |  |
|  |  |  |
|  |  |  |
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**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 | Conservator’s Signature: |  |
| , | | | 20 | . | Print Name: |  |
|  | | | | | Address: |  |
|  | | | | |  |  |
| Print Name: |  | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | Secondary Telephone: |  |
|  | | (State) | | | Email: |  |
| My Commission Expires: | | |  | |  |  |
|  | | | (Date) | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | |  | day of | Co-Conservator’s Signature: |  |
| , | | | 20 | . | Print Name: |  |
|  | | | | | Address: |  |
|  | | | | |  |  |
| Print Name: |  | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | Secondary Telephone: |  |
|  | | (State) | | | Email: |  |
| My Commission Expires: | | |  | |  |  |
|  | | | (Date) | |

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