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| STATE OF SOUTH CAROLINA |  | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE |  | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| IN THE MATTER OF: |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, |  |  |
| a protected person. |  |  |
|  |  | **STATEMENT OF CREDITOR’S CLAIM**  |
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|  |  |
| --- | --- |
| Conservator’s Name: |  |
| Date of appointment of Conservator (*if known*): |   |
| Conservator’s Mailing Address: |  |

|  |  |
| --- | --- |
| Creditor: |   |
| Address: |   |
|  |   |
| Telephone: |   |
| Email: |   |
| Original Creditor: |   |
| Address (*if different from above*): |   |
| Claim Amount Due: | $  |
| Account Number: |   |
| Other Reference Number: |   |
| Basis of claim (e.g., *contract, services rendered for protected person*): |   |
| Date claim will become due (*if not already due*): |   |
| Nature of uncertainty as to the claim, if any (i.e., *contingent claim, amount of claim, due date*): |   |
| Description of security as to the claim, if any (i.e., *collateral for the debt*):  |   |

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |   |
| Address: |   |
|  |   |
| Preferred Telephone: |   |
| Other Telephone: |   |
| Email: |   |

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

**INSTRUCTIONS:** The original claim **MUST** be delivered or mailed to the Conservator for the Protected Person and may also be filed with the Probate Court of the county in which the conservatorship is under administration

(*see S.C. Code Ann. § 62-5-426*). Satisfaction or withdrawal of claim (Form #559GC) may be filed with the Court once the claim is resolved.