

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
)
)
)
 IN THE MATTER OF:)
)
 _____,)
)
 a protected person.)
)
)
)



▲ PROBATE COURT USE ONLY ▲
 CASE NUMBER _____ -GC- _____ - _____

CONSERVATOR REPORT

- 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. Does the Protected Person still require a conservatorship?
 YES NO Explain your answer.

3. Should the duties, powers, or responsibilities of the Conservator over the Protected Person's assets be limited or expanded in any way?
 YES NO Explain your answer.

4. Should changes be made to the current conservatorship financial plan (if one is in place)?
 YES NO NO FINANCIAL PLAN IN PLACE
 (If YES, then please file an amended financial plan with your recommended changes.)
5. 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
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.

6. List the current 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, to include, but not limited to Protected Person's home, rental properties, vacant land.)			
INVESTMENTS (Provide information on all conservatorship restricted accounts, stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, retirement accounts, etc.)			
MOTOR VEHICLES (Provide information on all motor vehicles titled in the Protected Person's name, either individually or jointly with another owner(s).)			
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.

- 7. Does the Protected Person have sufficient mental capacity to understand this Report?
 YES **NO** If yes, you must provide a copy of this Report to the Protected Person.
- 8. 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).
- 9. Does the Protected Person have a Guardian(s) appointed by this Court?
 YES **NO** If yes, you must provide a copy of this Report to his/her Guardian(s).
- 10. 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: _____

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.