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

PROBATE COURT USE ONLY

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

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. What are 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, 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
☐ 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.