

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

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT
 CASE NUMBER _____-GC-_____-_____

STATEMENT OF CREDITOR'S CLAIM

Conservator's Name: _____
 Date of appointment of Conservator (*if known*): _____
 Conservator's Mailing Address: _____

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

Executed this _____ day of _____, 20_____.

Signature: _____
 Print Name: _____
 Address: _____

 Preferred Telephone: _____
 Secondary Telephone: _____
 Email: _____

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.