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

|  |
| --- |
| 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.