|  |  |  |
| --- | --- | --- |
| 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-26-      |
|      , | ) |  |
| Conservator/Applicant. | ) | **APPLICATION FOR DISBURSEMENT OF FUNDS** |
|  | ) |  |

Applicant is the duly appointed Conservator for the Protected Person. The Protected Person has total cash assets of $     . The Protected Person needs certain items, and the Conservator/Applicant requests permission of the court to disburse money from his/her account as follows:

**ITEMS REQUIRED: ESTIMATED COST:**

**\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR EXPENDITURES: \_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If the Protected Person is a minor over fourteen (14) years old and it is appropriate, I have attached a letter from him/her requesting this disbursement to this Application.** [ ]  Yes [ ]  No

**I have provided documentation of all estimated expenses, which are attached to this Application. I understand that if this is a recurring expense, I may be required to file or modify the financial plan for the Protected Person.**

**Applicant requests that the Probate Court require the** **(name of the bank) to disburse the funds for said purchases in the form of (check appropriate box):**

[ ]  Cash in the amount of $     disbursed to      ; and/or

[ ]  A cashier’s check/money order in the amount of $      made out to      ; and/or

[ ]  A wire transfer with the following instructions:

**I understand I must submit receipts for the requested expenditures to the Court within 30 days of the date of the Court Order.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SWORN to before me this  |       | day of | Signature: |       |
|  , | 20 | \_\_\_\_\_\_. | Print Name: |       |
|  | Address: |       |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |       |
| Print Name: |                           | Preferred Telephone: |       |
| Notary Public for: |                 | Secondary Telephone: |       |
|  | (State) | Email: |       |
| My Commission Expires: |           (Date) |  |  |

**ORDER**

Upon reading the above Application, and determining that the requested expenditures are in the best interest of the Protected Person’s estate,

**IT IS ORDERED** that the Conservator is authorized to disburse $ \_\_\_\_\_\_\_\_\_\_\_\_\_ specifically for the purpose stated in the Application and \_\_\_\_\_\_\_\_\_\_\_\_\_ (bank) shall disburse it as follows:

Cash in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_disbursed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and/or

A cashier’s check/money order in the amount of $\_\_\_\_\_\_\_\_\_\_\_ made out to \_\_\_\_\_\_\_\_\_\_\_\_; and/or

A wire transfer with the following instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Conservator is ordered to file all receipts with the Court within 30 days from the date of this Order.**

Given under my hand and seal this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Judge of Probate