

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

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT  
 CASE NUMBER \_\_\_\_\_-GC-\_\_\_\_\_-\_\_\_\_\_

**NOTICE OF ALLOWANCE/DISALLOWANCE  
 OF CLAIM**

TO:	Creditor:	
	Address:	
	Telephone:	
	Email:	
	Original Creditor:	
	Address (if different from above):	
	Filed Date of Claim:	
	Claim Amount:	
	Account Number:	
	Other Reference Number:	

**Allowance of a claim is evidence the conservator accepts the claim as a valid debt of the protected person's conservatorship estate. Allowance of a claim may not be construed to imply the conservatorship estate will have sufficient assets with which to pay the claim.**

- The claim is allowed as a valid debt and:
  - will be paid in full upon authorization by the Court.
  - will be paid in full from funds outside the conservatorship estate.
  - will not be paid as there are insufficient funds available to satisfy the debt. Explanation (required): \_\_\_\_\_
- The claim is partially allowed as a valid debt in the amount of \$ \_\_\_\_\_; the remaining balance is disallowed. Explanation (required): \_\_\_\_\_
- The claim is disallowed in full. Explanation (required): \_\_\_\_\_

The disallowed claim or the disallowed portion of your claim will be forever barred unless you commence a legal proceeding requiring a Summons, a Petition and a filing fee of \$150.00 for allowance of the claim in accordance with S.C. Code Ann. § 62-5-426(3), within thirty (30) days after the mailing or other service of this Notice of Allowance/Disallowance of Claim.

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Preferred Telephone: \_\_\_\_\_  
 Secondary Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Attorney Signature \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Attorney for: \_\_\_\_\_