

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(A)(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: _____