

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

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

IN THE MATTER OF:

\_\_\_\_\_,  
a protected person.

**FINANCIAL PLAN OF CONSERVATOR**

INITIAL FINANCIAL PLAN  
AMENDED FINANCIAL PLAN # \_\_\_\_\_

1. What steps will you take to develop or restore the Protected Person's ability to manage his/her property or business affairs?

2. This Financial Plan outlines expenditures for the **health, education, maintenance, and support** of the Protected Person only.

**OR**

This Financial Plan outlines expenditures for the **health, education, maintenance, and support** of the Protected Person and his/her dependent(s).

3. The Protected Person has \_\_\_\_\_ (number of) dependent(s). [A "dependent," which may include a spouse or child, is someone the Protected Person is legally obligated to support (e.g., child support, alimony) or who depends on the Protected Person (e.g., child attending college, adult disabled child).]

Dependent's Name: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

Address: \_\_\_\_\_

4. How long do you expect this conservatorship will be needed? \_\_\_\_\_

Explain: \_\_\_\_\_

5. Can the Protected Person effectively understand information about his/her estate to the extent that he/she can participate in decision making with your assistance?  YES  NO

Explain: \_\_\_\_\_

6. Does the Protected Person have an estate plan (will, trust, jointly owned assets)?

YES  NO If YES, attach a copy of the document(s).

7. Does the Protected Person have sufficient mental capacity to understand this Financial Plan?

YES  NO If YES, you must provide a copy of this Financial Plan to the Protected Person.

8. Does the Protected Person have a Guardian?

YES  NO If YES, you must provide a copy of this Financial Plan to the Guardian.

**PART I. PROJECTED RESOURCES AND EXPENSES**

**A. MONTHLY RESOURCES**

<b>TOTAL CURRENT INVESTMENTS</b> (If this is the Initial Financial Plan, use the total from Schedule B of your Inventory and Appraisalment. If this is an Amended Financial Plan, provide the current total of all stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, retirement accounts, etc.)	
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<b>TOTAL MONTHLY INCOME</b>		
a.	Earnings from Employment (including overtime, tips, commission, bonuses)	
b.	Pensions, Retirement, and Annuities Income	
c.	Social Security Benefits, VA Benefits, Disability and Worker's Compensation Benefits	
d.	Child Support and Alimony	
e.	Dividends, Interest, Trust Income, and Capital Gains	
f.	Rental Income and Business Profits	
g.	All types of Monthly Income from Dependent claimed on this Financial Plan	
h.	Other:	
	<b>SUBTOTAL</b>	<b>\$</b>

<b>MONTHLY INCOME DEDUCTIONS</b>		
a.	Payroll Taxes, Social Security, and Medicare	
b.	Other (e.g., retirement contributions, deferred compensation):	
	<b>SUBTOTAL</b>	<b>\$</b>

<b>AVERAGE MONTHLY INCOME</b> (Subtract the Subtotal of the Monthly Income Deductions from the Subtotal for the Total Monthly Income)	<b>\$</b>
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**B. MONTHLY EXPENSES**

Consider only the expenses related to the Protected Person and his/her dependents claimed on this Financial Plan.

a.	RENT OR HOME MORTGAGE PAYMENT	
	Are real estate taxes included?      YES      NO      If NO, specify the monthly cost. (Annual amount divided by 12)	
	Is property insurance included?      YES      NO      If NO, specify the monthly cost. (Annual premium divided by 12)	
b.	UTILITIES:	
	Electricity and heating fuel	
	Water and sewer	
	Telephone	
	Internet	
	Other:	
c.	Home maintenance (repairs and upkeep):	
d.	Food	
e.	Clothing	

f.	Laundry and dry cleaning	
g.	Medical and dental expenses	
h.	Transportation	
i.	Recreation, entertainment, newspaper, magazines, etc.	
j.	Charitable contributions:	
k.	INSURANCE:	
	Renter's insurance	
	Life insurance	
	Health insurance	
	Auto insurance	
	Other:	
l.	Personal property taxes	
m.	INSTALLMENT PAYMENTS:	
	Automobile loan	
	Other:	
	Other:	
	Other:	
n.	Guardian fees	
o.	Conservator fees	
p.	Legal fees	
q.	Other professional fees	
r.	Regular expenses from operation of business, profession, or farm:	
	<b>AVERAGE MONTHLY EXPENSES</b>	\$

MONTHLY NET INCOME OR DEFICIT		
	Average Monthly Income	\$
	Average Monthly Expenses	\$
	<b>MONTHLY NET INCOME</b> (Subtract Average Monthly Expenses from Average Monthly Income)	\$

**PART II. PROJECTED SUFFICIENCY OF CONSERVATORSHIP ASSETS**

9. Is the Protected Person's Average Monthly Income sufficient to meet his/her monthly expenses? (NOTE: If the Monthly Net Income above is a positive number, check YES.)  
 NO     YES (If YES, please skip to the **PROOF OF DELIVERY**.)
10. Are the Protected Person's current investments sufficient to supplement the difference between the Protected Person's Average Monthly Income and the Protected Person's Average Monthly Expenses on an annual basis? (NOTE: If the Total Current Investments is greater than the deficit in the Monthly Net Income, check YES.)  
YES      NO (If NO, skip to **Question 12**.)
11. How many years will the Protected Person's current investments be sufficient to meet this deficit? (Divide the Total Current Investments by the value of the Monthly Net Income from above.)  
\_\_\_\_\_ Years
12. What steps are you taking to provide for the Protected Person's current and future needs when the assets are no longer sufficient to meet the needs of the Protected Person and his/her dependents?  
\_\_\_\_\_
13. Does this Financial Plan alter the overall estate plan of the Protected Person?      YES      NO  
If YES, explain how and why the changes are necessary.  
\_\_\_\_\_

**PROOF OF DELIVERY**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed or delivered this Conservator Report to all persons required to receive a copy pursuant to SC Code Ann. § 62-5-416(C) and any Orders of this Court. Delivery was accomplished by the following method (*check appropriate box(es)*):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail

**NAME**

**ADDRESS**


**VERIFICATION**

The Conservator being sworn, states that the facts set forth in the foregoing Financial Plan are true and correct to the best of the Conservator's knowledge.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Conservator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Notary Public for: \_\_\_\_\_

Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Co-Conservator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Notary Public for: \_\_\_\_\_

Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_

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

IN THE MATTER OF:

\_\_\_\_\_,  
a protected person.

**ORDER CONCERNING THE  
FINANCIAL PLAN OF  
CONSERVATOR**

PURSUANT TO S.C. CODE ANN. § 62-5-414(B), the Probate Court has reviewed and considered the Financial Plan of the Conservator, and therefore orders:

The Financial Plan is **APPROVED**. Pursuant to S.C. Code Ann. § 62-5-423, the Conservator may expend or distribute sums from the Protected Person's estate without further Court authorization only if:

- (1) the expenditures are for the **health, education, maintenance, or support** of the Protected Person or the Protected Person's dependents; and
- (2) all expenditures are consistent with this Financial Plan.

The Financial Plan is **NOT APPROVED** because: \_\_\_\_\_  
\_\_\_\_\_. \_\_\_\_\_ Financial Plan within \_\_\_\_\_ days.

The Financial Plan is modified, as follows: \_\_\_\_\_.

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

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_, South Carolina

**IT IS SO ORDERED.**

\_\_\_\_\_  
Debora A. Faulkner, Probate Court Judge  
Caroline M. Horlbeck, Associate Probate Court Judge  
Clayton L. Jennings, Associate Probate Court Judge