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| --- | --- |
| STATE OF SOUTH CAROLINA | IN THE PROBATE COURT |
| COUNTY OF GREENVILLE | CASE NUMBER: ­ |
|  |  |
| IN THE MATTER OF: |  |
|  |  |
| a protected person. | **APPLICATION FOR APPROVAL** |
|  | **OF ANNUAL BUDGET** |
| EX PARTE: |  |
|  |  |
| Conservator/Applicant |  |

**(For one year beginning and ending )**

Applicant would show the Court s/he was duly appointed Conservator for the Protected Person on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Applicant requests permission of the Court to expend the following amounts for a period of one year, these budget items shall be reviewed at the Annual Accounting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **AMOUNT** | **HOW OFTEN PAID**  **(# OF PAYMENTS)** |  | **TOTAL COST**  **FOR THE YEAR** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **X** |  | **$** |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL YEARLY BUDGET REQUESTED:** | **$** |  |

**(Attach additional pages as needed)**

**NOTICE**

If this is your first budget, **OR** if you are asking for “1st time” requests, **OR** increases of 10% or more on any Category, you will need to complete an affidavit explaining the reasons for the increase. **Only Notarized affidavits will be accepted.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | |  | day of | Signature: |  |
|  | | | 20 |  | Print Name: |  |
|  | | | | | Address: |  |
|  | | | | |  |  |
| Print Name: |  | | | | Preferred Telephone: |  |
| Notary Public for: | |  | | | Email: |  |
| My Commission Expires: | |  | | | Relationship to protected person: |  |

GcCoGC Form T