

# INSTRUCTIONS FOR COMPLETING THE SELF-REPRESENTED LITIGANT CHILD SUPPORT INCREASE PACKET

## PLAINTIFF

The Plaintiff is the person who is trying to increase the child support. The Plaintiff is the person who wants things to change and who has filed this case. The Defendant is the person who is being sued. **The instructions in this packet are for the Plaintiff.**

**WARNING: You are strongly encouraged to seek the advice of an attorney before filing any legal matter.** This packet is designed to provide information and forms to people who are representing themselves in court. If you proceed without an attorney, it may negatively affect your legal rights. If you are unsure whether to proceed, or have questions about these forms or your legal rights, consult an attorney. Please note that clerks of court, court staff, and judges cannot give you legal advice.

**DISCLAIMER:** The information in this packet is not legal advice and cannot replace the advice of competent legal counsel licensed in your state. Child support laws vary from state to state and the information contained in this packet is specific to South Carolina. Please note that the information contained in this packet is subject to change and make sure that you have the most current version of this packet before filing.

The following instructions will help you file for a child support increase in South Carolina *pro se*, or without an attorney. *Pro se* is a Latin term meaning “in person” or “on one’s own behalf.” As the courts see more people representing themselves in court, you may also hear the term self-represented litigant instead of *pro se*. While the self-represented litigant may not incur the attorney expense, the self-represented litigant does not have the expert guidance that an attorney can provide.

If you do not know an attorney who can assist you, you may call the South Carolina Bar’s Lawyer Referral Service at 1-800-868-2284 and ask for a Family Law attorney in your county. Members of the South Carolina Bar’s Lawyer Referral Service have been in practice for more than 3 years, are in good standing, have provided proof of malpractice insurance, and have agreed to provide a 30 minute consultation for no more than \$50. If you believe you qualify for South Carolina Legal Services, you may contact their Legal Aid Telephone Intake Service at 1-

888-346-5592. Please note that to qualify for SCLS, your income must not be more than 125% of the Federal Poverty Guidelines.

## **BEFORE YOU FILE**

### **Is your order from South Carolina?**

Once South Carolina issues a child support order, South Carolina is the only state that can change the order as long as you, the Defendant, or the child still lives in South Carolina.

### **Is your order from another state?**

If another state issued the order and you, the Defendant, or the child still lives in that state, the paperwork for an increase must be filed in that other state. You may want to contact the administrative offices of the court in that state to determine if they have similar paperwork you can file. Information about other states may be available on <http://www.lawhelp.org>.

### **Did you and the Defendant have another child?**

You should not use this packet if you would like an increase because you and the Defendant have another child who was not included in the original child support order. You may contact the Department of Social Services Child Support Enforcement Division or an attorney.

### **Have you checked the child support guidelines?**

Child support is calculated by using the South Carolina Child Support Guidelines. Go to the South Carolina Department of Social Services website and complete the child support calculator. The DSS website is <http://www.state.sc.us/dss/csed/calculator.htm>.

The South Carolina Department of Social Services Child Support Enforcement Division considers a change of circumstances substantial when the new child support amount is **20%** more than the old amount. This may be hard to know before you begin your action as the Defendant's income is also considered in the child support calculation. **Judges do not have to follow this 20% standard, but many use it as a reasonable guide.**



**The results of the child support calculator do not guarantee that a Family Court Judge will increase your child support amount.**

If you get a lower support amount when using the calculator, you may decide not to file for an increase in your support amount. If you file an action for an increase, the Defendant can file a counterclaim and ask for a reduction.



**The judge may decrease the child support amount if the results of the child support calculator show that there should be a decrease instead of an increase.**

To get an increase you must show a substantial change of circumstances. Some common examples are:

- change in day care costs for children in the support order
- the needs of the child(ren) have increased
- the Defendant's income has increased
- you lost your job through no fault of your own
- you make substantially less than you did when you the child support order was issued
- a medical condition or disability that prevents or limits your ability to work
- you and the Defendant have had another child
- you and the Defendant have a child who has moved in with you

To show a substantial change of circumstances, you will have to provide proof of the changes.

The following chart lists some examples that you can use in court for evidence.

<b>If you...</b>	<b>bring 3 copies of these to court:</b>
lost your job through no fault of your own	job applications, information from One Stop, rejection letters, or other proof
have become disabled	applications for social security assistance, social security insurance, or veterans benefits; medical evidence from your doctor
have increased child care costs	day care bills and expenses
increased child needs	documentation of medical costs, proof of other expenses

**Is your case handled by the South Carolina Department of Social Services, Child Support Enforcement Division?**

You should contact the Child Support Regional Office that handles your case and request that your child support case be reviewed for an increase. If you don't know which office handles your case, you can go to the DSS Child Support website to see the counties that are handled by each regional office and the addresses and phone numbers. Their website address is <http://www.state.sc.us/dss/csed/contact.htm#region>.

Child support cases that are not handled by DSS are called "private" cases. You may use this packet to file a court action for modification of these cases.

**PART 1: COMPLETING YOUR PAPERWORK**

The next step is to study **all** of the forms listed below. The name of each form can be found in the upper right hand corner and the form number in the bottom left hand corner.

The following forms are included in this packet:

**Section 1 - FILING**

1. Family Court Coversheet (SCCA 467)
2. Summons (SCCA 401F)
3. Complaint – Increase Child Support (SCCA 400.31 SRL-CSM)
4. Motion and Affidavit to Proceed *In Forma Pauperis* (SCCA 405F)
5. Financial Declaration (SCCA 430)
6. Case Party Information Sheet (SCCA 453)

**Section 2 – SERVICE**

7. Service of Process Forms
  - a. Acceptance of Service (Child Support Modification) (SCCA 400.22 SRL-CSM)
  - b. Affidavit of Service by Mailing (SCCA 400.23 SRL-CSM)
  - c. Affidavit of Service (SCCA 402F)

**Section 3 – REQUEST FOR HEARING**

8. Request for Hearing (Child Support Modification) (SCCA 400.26 SRL-CSM)
9. Affidavit of Service by Mailing (Notice of Hearing) (SCCA 400.27 SRL-CSM)

**Section 4 – HEARING**

10. Order – Increase Child Support (SCCA 400.34 SRL-CSM)
11. Support Information Sheet (SCCA 446)
12. Script for Plaintiff's Testimony (400.33 SRL-CSM)

Some of the information on each form will be the same, such as your name and address, but each form has a different purpose and requires different information. It is important that you make copies of all paperwork. Keep the paperwork in a safe place and bring it to court with you. If any necessary information is missing, you risk your case being dismissed or delayed. If your case is dismissed, you will have to begin again by filing your information with the Clerk of Court a second time and paying the filing fee (\$150).

## **SECTION 1 - FILING**

You will start with the first six forms:

- (1) Family Court Coversheet (SCCA 467);
- (2) Summons (SCCA401F);
- (3) Complaint (Increase Child Support) (SCCA 400.31 SRL-CSM)
- (4) Motion and Affidavit to Proceed *In Forma Pauperis* (SCCA 405F);
- (5) Financial Declaration Form (SCCA 430); and
- (6) Case Party Information Sheet (SCCA 453).

On the first five forms, fill in the name of the county where you are filing this case. The county is the county that handles the child support payments. You also need to fill in the number of the judicial circuit. It is on your child support order. If you don't have it, be sure to get this number from the Clerk of Court and fill it in when you file. Then print your name in the space labeled "Plaintiff." You are the Plaintiff as you are the person asking for the increase. Next, print the name of the person who pays the support where it is labeled "Defendant." The other person, the one being sued, is the Defendant. This section of all legal forms is called the caption. This caption should be completed on all forms filed with the court.

On the Family Court Coversheet (SCCA 467), print your contact information in the appropriate spaces below the caption, which includes your name, address, and a reliable telephone number.

If you file in one of the counties listed at the top of Page 2 of the Family Court Coversheet, check the box next to "This case is subject to Mandatory Mediation pursuant to the Family Court Alternative Dispute Resolution Rules."

If you do not file in one of the counties listed on Page 2 of the Family Court Coversheet, leave both boxes in the DOCKETING INFORMATION section blank.

Then, check the box next to “Modification of Child Support – Private” if this is a private case. Check the box next to “Modification of Child Support – DSS” if this is a case with DSS. This indicates the type of action you are filing. Sign and date the Coversheet at the bottom of the page, and set this page aside.

The Summons and Complaint will become the official court record that will establish your case once you file them. It is important to complete each form accurately and truthfully. Complete these forms to the best of your ability.

On the Summons, you will need to fill in the name of the city where you live, then date and sign. You also need to print your name and your address.

### **Complaint**

The Complaint (Increase Child Support) (SCCA 400.31 SRL-CSM) asks questions about where you live and where the Defendant lives. In number 3, list the names and dates of birth of the children who are included in the order.

At the bottom of the Complaint, fill in the name of the city where you live. Date and sign the Complaint.

\*\*\*Attach a copy of your support order to the Complaint. If you do not have a copy of the support order, ask the Clerk of Court for a copy. There may be a small fee for the copies.\*\*\*

### **Motion to Proceed In Forma Pauperis**

The filing fee is \$150. If you are unable to pay the filing fee, you may file the “Motion and Affidavit to Proceed *In Forma Pauperis*” with your signed and notarized Financial Declaration. By filling out and signing this form and having it notarized, you are swearing under oath that you do not have the funds available to pay the filing fee (\$150). Do not sign this form until you are in front of a notary. The notary must witness your signature on the form.

Do not fill in anything in the bottom section named **ORDER**. The judge will review your motion and complete the order section. If the motion is denied, you must pay the filing fee (\$150) and other fees by the date set by the court. If the fee is not paid on or before that date, your case will be dismissed, and you will have to begin the process again by re-filing your information.

### **Financial Declaration**

The Financial Declaration (SCCA 430) asks questions about the finances of both the mother and the father. Only fill out the sections of the form that apply to you. Attach a copy of your most recent pay stub or benefits statement. Fill in your gross monthly income. This is the amount of money you earn before taxes, social security, or any deductions are taken out. When figuring your monthly income and expenses, multiply any **weekly** amounts by 4.33 to get the monthly amount. You must take the Financial Declaration to a notary public before you sign it. Do not sign this form until you are in front of a notary. The notary must witness your signature on the Financial Declaration.

### **Case Party Information Sheet**

The Case Party Information Sheet (SCCA 453) will be used by the Sheriff's Office to serve the papers. This information is about the Defendant, the person who pays the support and who needs to be served with the papers. It is **not** information about you.

### **Completing the Filing Process**

The next step, which officially begins the process, is to file the papers with the appropriate Clerk of Court, Family Court Division, and to pay the filing fee (\$150), if applicable. You will file this in the county that handles the child support payments. Physical locations of all South Carolina Family Courts can be found in the telephone book or online at <http://www.sccourts.org>.

Make two copies of the entire packet. Take the copies and the originals to the Clerk of Court in the county where you pay support. If you are paying the fee, the Clerk of Court will: (1) assign your case a docket number; (2) record the docket number on the upper right hand corner of all of

the forms; (3) keep the originals; and (4) return two copies of the forms to you. One copy is for you to keep. The other copy is to serve on the Defendant.

It is important that you print the docket number that has been issued for your case on all future forms you file with the court. Only bring cash, a cashier's check, or money order for the filing fee (\$150). Do not bring a personal check.

If you are filing the Motion and Affidavit to Proceed *In Forma Pauperis* (SCCA 405F), you do not have to pay to file but may have to pay the fee after the Judge reviews your information and signs the order. You should take a large brown envelope with enough postage to mail everything back to you. The envelope should be addressed to you. You will receive the envelope in the mail in about two weeks. Look at the Motion and Affidavit to Proceed *In Forma Pauperis*. If the box at the bottom marked "granted" is checked, your documents should have a date stamp and a docket number on them. Now you can serve the papers on the Defendant.

If the motion is denied, you must pay the filing fee (\$150) and other fees by the date set by the court. If the fee is not paid on or before that date, your case will be dismissed, and you will have to begin the process again by re-filing your information.

## **SECTION 2: SERVICE OF PROCESS**

After you receive copies of the documents from the Clerk of Court, you will need to serve one copy of the Family Court Coversheet, Summons, Complaint (Increase Child Support), and the Financial Declaration on the Defendant or the Defendant's attorney. If this is a case handled by DSS, you must make an extra copy of all of the papers that you are serving on the Defendant and serve the papers on DSS Child Support Enforcement Division (<http://www.state.sc.us/dss/csed/region.htm>). This is called Service of Process and can be done in one of four ways:

### **1) ACCEPTANCE OF SERVICE**

If the Defendant or DSS Child Support Enforcement Division is willing to accept service, have the Defendant or DSS complete the Acceptance of Service (SCCA 400.22 SRL-CSM). Handing the papers to the Defendant yourself is not good service of process



unless the Defendant is willing and completes the acceptance form. Take the completed form to the Clerk of Court's office for filing. Ask the Clerk of Court to make a copy of the form for you at the time of filing.

## **2) U.S. MAIL**

You **must** send these documents Certified Mail, **Restricted Delivery**, Return Receipt Requested. When you get the return receipt card (green card) back from the U.S. Post Office, check it to make sure the Defendant signed the card. **If someone other than the Defendant signed the return receipt card (green card), you do not have good service and must try again.**

If you receive the return receipt card (green card) and it was signed by the Defendant or DSS, record the docket number you received from the Clerk of Court and the words "Summons and Complaint" across the top of the return receipt (green card) and then make a copy of the card for your file. Next, complete and sign the Affidavit of Service by Mailing form (SCCA 400.23 SRL-CSM) before a notary. **Do not sign this form until you are in front of a notary. The notary must witness your signature on the Affidavit of Mailing.** Attach the return receipt card (green card) to the notarized Affidavit of Mailing and take it to the Clerk of Court's office for filing.

If you do not get the return receipt card (green card) back, you may try to re-send all the documents again by Certified Mail, **Restricted Delivery**, Return Receipt Requested. If you do not believe this would be successful, you may have to call your local Sheriff's office to serve the papers on the Defendant or DSS. There may be a fee for this service by the Sheriff's office. If your Motion to Proceed *In Forma Pauperis* was granted, provide a copy to the Sheriff's office.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only - No Insurance Coverage Provided)*

For Delivery information visit our website at [www.usps.com](http://www.usps.com)

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. 5-16

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also, item 4 if Restricted Delivery is desired.
- Print your name and address on it so that we can return the card to you or on the front if space permits.

1. Article Addressed to:

**Reggie Redbird**  
**123 State St**  
**Normal IL 61761**

↑

2. Article Number  
*(Transfer from service label)*    # from certified mail slip

PS Form 3811, February 2004    Domestic Return Receipt    H-1540

\* Sender: Please print your name, address, and ZIP+4 in this box \*

Your Name  
 Your Department  
 Illinois State University  
 Campus Box \_\_\_\_\_  
 Normal IL 61790-\_\_\_\_\_

↑

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Yes

↑    ↑    ↑

**3) SHERIFF'S OFFICE**

Contact the Sheriff's office in the county where the Defendant lives or works to serve the papers. When the Sheriff serves the papers, ask the office to complete the bottom half of the Affidavit of Service (SCCA 402F) form before a notary, have the form notarized, and return the form to you. The Sheriff's Office may have its own Affidavit of Service Form and their form may be used. File the notarized Affidavit of Service with the Clerk of Court.

**4) PRIVATE PROCESS SERVER**

Private process servers are listed in the telephone book. There will be a fee for this service. It is usually more expensive than the Sheriff's Office. When they have served

the papers, they will give you the completed Affidavit of Service you gave them or their own form. File the notarized Affidavit of Service with the Clerk of Court.

### **5) SERVICE BY COMMERCIAL DELIVERY SERVICE**

You may use a commercial delivery company like UPS or FedEx to serve the summons and complaint. The company must be one approved by the Internal Revenue Service.

You may check to be sure the company is approved at the IRS website:

[http://www.irs.gov/uac/Private-Delivery-Services-\(PDS\)](http://www.irs.gov/uac/Private-Delivery-Services-(PDS)).

The delivery company will give you a delivery record showing the date, time and place of delivery, the name of the person served and an original signature or electronic image of the signature of the person served. If someone other than the defendant signs for the documents, you will not be able to proceed if the defendant does not appear. If delivery is refused or returned undelivered, you must try another method.

You must provide an affidavit showing the documents served with the delivery record attached. This affidavit and delivery record must be filed with the clerk of court.



**If the Defendant is not served properly, you will not be able to proceed and cannot get a hearing scheduled.**

### **SECTION 3 – REQUEST FOR HEARING**

Complete the Request for Hearing for Child Support Modification (SCCA 400.26 SRL-CSM). Print your name in the space marked "Plaintiff." Print your address, telephone number, and email address where requested. Complete the information for the Defendant or Attorney for Defendant. Print any comments or issues that you would like to bring to the Court's attention and sign your name at the bottom of the form where it says "Plaintiff."

Take the original and a copy of the Request for Hearing to file with the Clerk of Court. The Clerk will date stamp your copy and give it back to you for your records.

The Clerk of Court will inform you of your hearing date by mailing you a Notice of Hearing. The hearing date may be several months away. After you receive the Notice of Hearing from the Court, you must send a copy of the notice of hearing to the Defendant or Defendant's attorney. If this is a DSS case, you must also send a copy of the Notice of Hearing to DSS. They must receive the notice of hearing at least 10 days before the hearing. The Notice of Hearing needs to be sent by certified mail, return receipt requested.

You will then need to complete the Affidavit of Service by Mailing (Notice of Hearing) (SCCA 400.27 SRL-CSM) before a notary. This form indicates when you mailed the Notice of Hearing. Do not sign this form until you are in front of a notary. The notary must witness your signature on the Affidavit of Service by Mailing (Notice of Hearing).

If the envelope used to mail the Notice of Hearing to the Defendant or Defendant's attorney is returned from the U.S. Post Office, take the returned envelope to the hearing. It is only necessary to show that the Notice of Hearing was mailed. You do not have to show that the Defendant or Defendant's attorney actually received the notice.

#### **SECTION 4 – HEARING**

To prepare for the hearing, complete the Order (Increase Child Support) (SCCA 400.34 SRL-CSM). On the Order, print the date assigned for your hearing and the names and dates of birth of the children.

On the day of your hearing, you should arrive at the courthouse at least thirty (30) minutes prior to your scheduled time. Make sure to take copies of your documents with you to court. **Dress appropriately and turn off your cell phone.** Appropriate dress includes suits, jackets, dresses, dress slacks, and neatly tucked shirts. Casual clothing such as sweat clothes, tank tops, shorts, and similar summer beachwear is not appropriate for the courtroom. Remove hats when entering the courtroom, unless they are required for a medical condition. Most courts do not allow children into the courtroom so make arrangements for a responsible adult to watch your children while you are in court.

When it is time for your hearing, the Bailiff or Deputy will call your name. At that time, enter the courtroom, sit, and wait for the judge to ask you if you are ready. When the judge asks if you are ready, please stand if you are able to and say: "Your honor, may I begin." The judge will tell you to proceed or wait. Before you begin, you will be sworn in. If the Judge indicates you should come forward, take your paperwork with you and sit in the witness chair. If the Judge allows you to stay at the table in front of the Judge, you should stand if you are able.



**You are required to present your case for child support increase.**

This packet has a Script for Plaintiff's Testimony (SCCA 400.33 SRL-CSM) that you should use at the hearing. Review and complete the script before your hearing. At the hearing, you will read the script as your testimony. Make sure you tell the judge everything that shows that you have had a substantial change of circumstances and why you should be given an increase. Your testimony should be specific to the child(ren) under the support order. If you have any papers that you want the Judge to see, hand the original and a copy to the Deputy Sheriff who will give the original to the Judge and a copy to the Defendant. Be sure to keep another copy for yourself in case the Judge or the Defendant asks you questions about it.

The judge may interrupt you from time to time to ask a question. Listen carefully and answer the questions the judge asks you. When you are finished testifying, the judge will indicate that you may leave the witness stand or sit down at the table. The defendant will have a chance to testify as well. At the end of the hearing, the judge will tell you the decision. You may ask the Deputy to hand the judge the order to finish completing.

The judge will sign the Order (Increase Child Support). Make sure the Order (Increase Child Support) is filed with the Clerk of Court. The Clerk of Court will provide you and the Defendant or the Defendant's attorney with a copy of the Order (Increase Child Support).



**The increase is not final until the Order has been signed by the judge and filed with the Clerk of Court.**

### Plaintiff Child Support Increase Checklist

- Complete the forms in Section 1 of this packet -- Family Court Coversheet, Summons, Complaint, Motion and Affidavit to Proceed *In Forma Pauperis* (if using), Financial Declaration Form, and Case Party Information Sheet.
- File the forms with the Clerk of Court in the appropriate county and pay the \$150 filing fee unless the *In Forma Pauperis* has been granted.
- Serve copies of the five forms on the Defendant in one of four ways: (1) Acceptance of Service; (2) U. S. Mail; (3) Sheriff's office; or (4) Private process server.
- Complete the Request for Hearing and file it with the Proof of Service with the Clerk of Court.
- Once you receive the Notice of Hearing from the Clerk of Court, mail a copy of this Notice to the Defendant, Defendant's attorney, or the DSS Child Support Enforcement Division (if applicable) (at least ten days before the hearing date). File the Affidavit of Mailing with the Clerk of Court.
- To prepare for your hearing, complete the Order (Increase Child Support).
- On the day of your hearing, you should arrive at least 30 minutes early and be sure to dress appropriately, turn off your cell phone, and remove your hat. Do not bring your children.
- At the hearing you will testify using the Script for Plaintiff's Testimony.
- The judge will allow the custodial party to present his/her case, and you will have an opportunity to ask questions.
- At the end of the hearing the judge should sign the Order (Increase Child Support).
- Be sure that the signed Order (Increase Child Support) is filed with the Clerk of Court's office and you receive a clocked copy for your files.

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

IN THE FAMILY COURT  
\_\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_  
Plaintiff, )

vs. )

\_\_\_\_\_  
Defendant. )

**FAMILY COURT COVERSHEET**

Docket No. \_\_\_\_\_

**NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.**

Submitted by: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

SC Bar # \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
Other: \_\_\_\_\_

**DOCKETING INFORMATION**

- This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.
- This case is exempt from ADR (certificate attached).

**Nature of Action Codes  
(Check One)**

**Marital Dissolution**

- Divorce (110)
- Annulment (120)
- Separate Support and Maintenance (130)
- Registration of Foreign Divorce Decree – without support/custody (190)
- Registration of Foreign Divorce Decree – with support/custody (191)
- Marital Dissolution – Other (199) \_\_\_\_\_

**Abuse and Neglect**

- Abuse and Neglect – Child (210)
- Abuse and Neglect – Adult (220)
- Abuse and Neglect – Other (299) \_\_\_\_\_

**Juvenile Delinquency**

- Truancy (311)
- Incurable (312)
- Runaway (313)
- Criminal Offense – Drug (315)
- Criminal Offense – Against a Person (316)
- Criminal Offense – Property (317)
- Criminal Offense – Public Order (318)
- Criminal Offense – Other (320)
- Juvenile Delinquency – Other (399) \_\_\_\_\_

**Protection from Domestic Abuse**

- Domestic Abuse – Intimate Partner (410)
- Domestic Abuse – Minor (420)
- Registration of Foreign Order of Protection (490)
- Domestic Abuse – Other (499) \_\_\_\_\_

**Support**

- Child Support – Private (501)
- Child Support – Administrative Process (502)
- Child Support – Judicial Process (503)
- Registration of Foreign Order of Support (504)
- UIFSA – Outgoing (505)
- UIFSA – Incoming (506)
- Modification of Child Support – Private (507)
- Modification of Child Support – DSS (508)
- Modification of Alimony (525)
- College Expenses (530)
- Support – Other (599) \_\_\_\_\_

**Custody/Visitation**

- Child Custody/Visitation (610)
- Modification of Custody/Visitation (615)
- Temporary Custody – Nonparent (616)
- Registration of Foreign Child Custody Order (690)
- Visitation Involvement Parenting (VIP) (DSS only) (691)
- Custody/Visitation – Other (699) \_\_\_\_\_

**Miscellaneous Actions**

- Name Change (710)
- Correction/Birth Record (720)
- Judicial Bypass (730)
- Adoption (740)
- Foreign Adoption (741)
- Post Dissolution Equitable Distribution (750)
- Paternity – Private (761)
- Paternity – DSS (762)
- Termination of Parental Rights – Private (771)
- Termination of Parental Rights – DSS (772)
- Miscellaneous Actions – Others (799) \_\_\_\_\_

Submitting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.

**Effective January 1, 2016**, family court actions in all counties are subject to mediation. Under the provisions of the Supreme Court's Rules for Alternative Dispute Resolution (ADR), mediation is defined as an informal process in which a third-party mediator facilitates settlement discussions between parties. Any settlement is voluntary. In the absence of settlement, the parties lose none of their rights to trial.

Also under the ADR Rules, the parties may agree on a mediator or the Clerk of Court will appoint a mediator from the certified list. If the Clerk appoints a mediator from the list, the mediator will be certified by the Board of Arbitrator and Mediator Certification and may be either a lawyer, a licensed mental health professional or any other individual meeting the certification requirements.

Whether or not the mediator is a lawyer, if appointed by the court, the charge per hour is set at a specified amount under the provisions of ADR Rule 9. Parties are responsible for payment of the mediator as set out in ADR Rule 9.

**SUPREME COURT RULES REQUIRE MEDIATION OF ALL CONTESTED DOMESTIC RELATIONS ACTIONS.** IF THE DOCKETING INFORMATION ON PAGE 1 OF THIS COVERSHEET INDICATES THAT THIS CASE IS SUBJECT TO **MEDIATION** YOU ARE NOTIFIED THAT MEDIATED SETTLEMENT CONFERENCES ARE REQUIRED IN THIS CASE, AND THAT THE COURT-ANNEXED ADR RULES SHALL APPLY TO ALL CASES IN WHICH MEDIATION IS REQUIRED. FOR ADDITIONAL INFORMATION CONCERNING THE PROCESS AND TIME FRAMES, PLEASE CONSULT THE ADR RULES. KEY SECTIONS OF THE RULES ARE IDENTIFIED BELOW.

#### **CONTESTED ACTIONS INVOLVING CUSTODY AND VISITATION**

Rule 3	Actions Subject to ADR
Rule 4(d)(1)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

#### **ALL OTHER CONTESTED ACTIONS**

Rule 3	Actions Subject to ADR
Rule 4(d)(2)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

**Indigent Cases:** Where a mediator has been appointed, a party may move before the Chief Judge for Administrative Purposes to be exempted from payment of neutral fees and expenses based upon indigency. Determination of indigency shall be in the sole discretion of the Chief Judge for Administrative Purposes. Application of a party to be exempt from payment of neutral fees due to indigency should be filed prior to the scheduling of the ADR conference.

**Please Note: Attendance at mediated settlement conferences is mandatory. You must comply with the Supreme Court rules regarding court-ordered mediation. Failure to do so may affect your case and may result in sanctions.**

**Note:** Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRPC, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.

SCCA 467 (4/2021)



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

IN THE FAMILY COURT  
\_\_\_\_\_ JUDICIAL CIRCUIT

**SUMMONS**

\_\_\_\_\_  
Plaintiff, )  
vs. )  
\_\_\_\_\_  
Defendant. )

Docket No. \_\_\_\_\_

TO THE DEFENDANT ABOVE-NAMED: \_\_\_\_\_

YOU ARE HEREBY SUMMONED and notified that an action has been filed against you in this court. Thirty (30) days after the day you receive this Summons and Complaint, you must respond in writing to this Complaint by filing an Answer with this court. You must also serve a copy of your Answer to this Complaint upon the Plaintiff or the Plaintiff's Attorney at the address shown below. If you fail to answer the Complaint, judgment by default could be rendered against you for the relief requested in the Complaint.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Plaintiff/Attorney for Plaintiff Signature

\_\_\_\_\_, S.C.

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

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

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

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**COMPLAINT**  
 (Increase Child Support)

Docket No. \_\_\_\_\_

Plaintiff would respectfully show that:

1. Plaintiff lives at \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_.
2. Defendant lives at \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_.
3. Plaintiff is custodian for the following child(ren):

Child's Full Name	Date of Birth	Child's Full Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	

4. Defendant does not provide fair and reasonable support according to his/her means and capacity and that he/she is an able-bodied person capable of earning a livelihood.
5. Plaintiff has a substantial change of circumstances. The current ongoing child support obligation of \$ \_\_\_\_\_ per \_\_\_\_\_ is not reasonable because \_\_\_\_\_.

The Plaintiff requests an order (check all that apply):

- Requiring Defendant to pay an increased amount of child support for the above-named child(ren).
- Requiring  Plaintiff  Defendant to provide and maintain health insurance for the child(ren) until further order of the court.
- Requiring Plaintiff and Defendant to share the cost of unreimbursed health expenses in accordance with the Child Support Guidelines.
- Other: \_\_\_\_\_

And for such other and further relief as may be reasonable, just, and proper.

Date: \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_, S.C.

\_\_\_\_\_  
 Plaintiff's Signature

<b>Plaintiff's Name:</b>		<b>Contact Number</b>	
<b>Address:</b>			

**DIRECTIONS TO PLAINTIFF:** Defendant should be served with a copy of the Family Court Coversheet, this Complaint, Summons and Financial Declaration.

**DIRECTIONS TO PLAINTIFF AND DEFENDANT:** A current Financial Declaration, on a form prescribed by the Supreme Court, must be filed with the Clerk of Court and served upon the opposing party on or before the first hearing, or no later than 45 days after the Complaint is served, whichever occurs first.

**DIRECTIONS TO DEFENDANT:** For information on how to respond to this Complaint, you may visit: <http://www.sccourts.org>.

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT OF THE  
 \_\_\_\_\_ JUDICIAL CIRCUIT

FINANCIAL DECLARATION  
 OF \_\_\_\_\_

Docket No. \_\_\_\_\_

HUSBAND/FATHER		WIFE/MOTHER	
Address		Address	
Age		Age	
Occupation		Occupation	
Employer		Employer	
Employer Address		Employer Address	

Gross Monthly Income	Husband/Father	Wife/Mother
Principal Earnings from Employment <sup>1</sup>		
Overtime, Tips, Commission, Bonuses <sup>2</sup>		
Pensions, Retirement, and Annuities income		
Additional Employment income		
Social Security Benefits (SSA) and VA Benefits		
Disability and Worker's Compensation Benefits		
Unemployment and AFDC		
Spousal or Child Support (from other marriage/relationship)		
Dividends, Interest, Trust Income, and Capital Gains		
Rental Income and Business Profits		
Other (Specify):		
<b>TOTAL GROSS MONTHLY INCOME</b>		

Payroll Deductions from Monthly Income	Husband/Father	Wife/Mother
Federal Income Tax <sup>3</sup>		
State Income Tax		
Social Security and Medicare Tax (FICA)		
Self-Employment Tax		
Health and Dental Insurance (Adult)		
Health and Dental Insurance (Child)		
Union Dues		
Voluntary Retirement Contribution (401(k), 457, IRA)		
Mandatory Retirement Contribution		
Savings Plan		
Other (Specify):		
<b>TOTAL MONTHLY DEDUCTIONS</b>		
<b>NET MONTHLY INCOME <sup>4</sup></b>		

Estimate monthly expenses: (Specify which party is the custodial parent and list name and relationship of all members of household whose expenses are included.)

MONTHLY EXPENSES <sup>5</sup>	Husband/Father	Wife/Mother
Residential Rent Payment		
Note or Mortgage Payment on Residence(s)		
Food and Household Supplies <sup>6</sup>		
Utilities, Water, and Garbage Collection		
Telephone and Cellular Phone		
Medical, Dental and Disability Insurance Premiums (not deducted from paycheck)		
Life Insurance Premiums (not deducted from paycheck)		
Child Support (from other relationship)		
Work Related Day Care		
Spousal Support (from prior marriage)		
Auto Payment		
Auto Insurance, taxes, gasoline, and maintenance <sup>7</sup>		
<b>SUBTOTAL:</b> <input type="text"/>		
Real Property Tax on Residence(s)		
Maintenance for household <sup>8</sup>		
Adult Clothing		
Children's Clothing <sup>9</sup>		
Cable Television, Satellite, and Internet/Online Services		
Laundry and Dry Cleaning <sup>10</sup>		
Medical and Dental Expenses (not paid by insurance)		
Prescriptions, Glasses, and Contacts (not paid by insurance)		
Children's incidental expenses <sup>11</sup>		
School lunches, supplies, field trips, and fees <sup>12</sup>		
Entertainment <sup>13</sup>		
Adult Incidental expenses <sup>14</sup>		
All Installment payments <sup>15</sup>		
Other (Specify):		
<b>SUBTOTAL:</b> <input type="text"/>		
<b>TOTAL MONTHLY EXPENSES</b>		

**Installment Loan Payments Section**

Creditor	For	Monthly Payment	Balance	Owed by <sup>16</sup>

**Other Debts and Obligations *not* payable in monthly installments**

Creditor	For	Date Payable	Balance	Owed by <sup>16</sup>

Are you currently in Bankruptcy?  YES  NO

Are any obligations listed above, including mortgage and note payments, in arrears?  YES  NO

If yes, please list the obligations in arrears.

---



---

**All Marital Property Known to Parties**

Assets	Husband/Father	Wife/Mother	Joint
Cash and Money in Checking Account(s)			
Money in Savings Account(s), Credit Union, Money Market, or Cert. of Dep.			
Value of Voluntary Retirement Account(s)			
Value of Pension Account			
Value of Publicly Held Stocks, Bonds, Securities, Mutual Funds			
Value of Privately Held Stocks and Other Business			
Value of Real Estate – Net of Mortgage Balances			
Value of All Other Property <sup>17</sup>			
<b>TOTAL ASSETS</b>			

**Any Non Marital Property Known to Parties**

Description of Asset	Title Owner	Date of Acquisition	Source of Funds to Acquirer	Estimate Present market Value

**If total assets are less than \$300,000.00, sign and have notarized.**

**If total assets are greater than \$300,000.00, itemize assets by completing additional sections below and sign and have notarized.**

**Financial Accounts Section <sup>18</sup>**

Owner	Name of Institution	Type of Account	Balance

**Voluntary Retirement Accounts and Pension Accounts Section**

Type of Account	Value

**Publicly Held Stocks, Bonds, Securities, Mutual Funds Section (Non-Retirement)<sup>19</sup>**

Name of Company	Number of Shares/Type of Account	Value

**Real Estate Section<sup>20</sup>**

Owner	Address	Value	Mortgage Balance	Mortgage Equity

**Other Property Section<sup>17</sup>**

Owner	Description of Asset	Value	Loan Balance	Equity

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
(SEAL)  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

1. A recent paystub should be attached to the Financial Declaration. To compute Principal Earnings from Employment, first determine whether you are paid semi-monthly, biweekly, or weekly. If you are paid semi-monthly, multiply the gross amount of your pay check by two. If you are paid biweekly, multiply the gross amount of your pay check by 26 and then divide by 12. If you are paid weekly, multiply the amount of your paycheck by 52 and divide by twelve. Round to the nearest whole dollar.
2. To compute Overtime, Tips, Commission, and/or Bonuses, take an average of your monthly earnings from overtime, tips, commission, bonuses, etc. from the past three years or the length of employment if employed less than three years (including this year).
3. To compute State, Local, and Social Security Tax deductions, use the same formula used to compute principal earnings in endnote 1 above, or consult or have your attorney consult an accountant.
4. Net monthly Income is equal to Total Gross Monthly Income minus Total Monthly Deductions.
5. Do not include any expense in the Monthly Expenses section that has already been included in the Deductions from Gross Monthly Income on page one of the Declaration.
6. Food Expense is to include the cost of groceries, toiletries, cleaning supplies, and casual eating out.
7. Auto Expenses are to include gasoline, oil changes, tune-ups, tire replacement, maintenance, and related items.
8. Maintenance for Household is to include appliance and household repairs, landscaping, house cleaning, pest control, pool service, alarm service, and other related items.
9. Clothing Expense is to include shoes and clothing purchases, clothing repair and alterations, and related items.
10. Laundry Expense is to include the cost of laundry service, dry cleaning, and related items.
11. Children's Incidental Expenses are to include allowance, summer camp, baby sitters, lessons, activities, participatory sports, and related items.
12. School Expense is to include tuition, supplies, field trips, dues, tutors, locker rentals, school lunches, and other related items.
13. Entertainment is to include movies, theater, vacations, sporting events, compact discs, digital video discs, and related items.
14. Adult Incidental Expenses are to include cosmetics, hair and nail care, books, magazines, newspapers, business dues, memberships, pets, charity, religious dues or tithes, gifts, bank charges, hobbies, and related items.
15. All Installment Loan Payments is the total amount itemized in Installment Loan Payments Section, which should include all loan payments not already listed as a monthly expense. Examples: home equity loan, credit cards, etc.
16. Indicate which spouse legally owes the payment (husband, wife, or joint).
17. Other property is to include automobiles (minus loan balance), boats (minus loan balance), furniture, furnishings, china, silver, jewelry, collectibles, and other personal property.
18. Itemize Financial Accounts such as checking, savings, credit union, money market, or certificate of deposit accounts in the Financial Accounts Section.
19. Itemize Publicly Held Stocks, Bonds, Securities, Stock Options and Mutual Funds (excluding retirement accounts) in the Publicly Held Stocks, Bonds, Securities, Mutual Funds Section.
20. Itemize each parcel of Real Estate in the Real Estate Section.

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 )  
 vs. )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**CASE PARTY INFORMATION SHEET**

Docket No. \_\_\_\_\_

**THE CASE PARTY INFORMATION SHEET IS NOT A MANDATORY FORM, BUT USE OF THE FORM AIDS IN THE ENFORCEMENT OF COURT-ORDERED SUPPORT OBLIGATIONS.**

Name:		Photo:	
Gender:	DOB:		
Race:	SSN:		
Height:	DL No.:		
Weight:			
Eye Color:	Distinguishing Characteristics:		
Hair Color:			
Physical Address:			
Mailing Address (if different):			
County and State:		Home Phone Number:	Mobile Number:
Closest Relatives Name(s), Relationship, and Address:			
Other Identifying/Locate Information (Use Back If Necessary):			
Vehicle Make, Model, Color, Tag#:			

Specific directions to case party's home (include road, street names, and landmarks). Designate case party's home as an apartment, house, duplex, or trailer and give description of it:

Description of Home: \_\_\_\_\_; Directions to Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Last Known Employer:	
Employer's Complete Address:	
Telephone No.:	
Shift or Hours Worked:	
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Arrest:
Place:	Offense:
Place of Incarceration:	





SOUTH CAROLINA JUDICIAL BRANCH

STATE OF SOUTH CAROLINA )
COUNTY OF \_\_\_\_\_ )
Plaintiff, )
vs. )
Defendant. )

IN THE \_\_\_\_\_ JUDICIAL CIRCUIT
MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

FILE NO. \_\_\_\_\_

Motion for Waiver of Costs and Fees

I, \_\_\_\_\_, am unable to pay the costs of filing and service in the present matter and request that the court waive the costs and allow me to proceed in forma pauperis.

Plaintiff submits the following financial declaration and affidavit in support of the above motion.

Address \_\_\_\_\_
Age \_\_\_\_\_
Occupation \_\_\_\_\_
Employer \_\_\_\_\_
Employer Address \_\_\_\_\_

Gross Monthly Income
1) Earnings (attach recent pay stubs) Amount:
2) Overtime
3) Social Security, VA Benefits, Workers' Comp or Disability (SSI)
4) Unemployment
5) Alimony / Child Support (receiving)
6) Other (Specify)
Total Amount (Add lines 1-6):

Assets
1) Cash Amount:
2) Money in Bank Accounts (Checking & Savings)
3) IRA / 401k / Pensions
4) Other (Specify)
Total Amount (Add lines 1-4):



SOUTH CAROLINA  
JUDICIAL BRANCH

<b><u>Monthly Expenses</u></b>		<b><u>Amount:</u></b>
1)	Rent / Mortgage	_____
2)	Utilities	_____
3)	Cell phone / Phone	_____
4)	Food	_____
5)	Child Support / Alimony (Paying)	_____
6)	Child Care	_____
7)	Car Payment	_____
8)	Car Operating Expenses (Insurance, gas, maintenance)	_____
9)	Clothing	_____
10)	Cable / Satellite TV / Internet	_____
11)	Medical / Dental / Vision Expenses	_____
12)	Medical / Dental / Vision Insurance	_____
13)	Credit Card / Loan Payments	_____
14)	Other (Specify) _____	_____
<b>Total Amount (Add lines 1-14):</b>		_____

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Plaintiff**

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_



SOUTH CAROLINA  
JUDICIAL BRANCH

STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ )

Plaintiff, )

vs. )

\_\_\_\_\_ )

Defendant. )

IN THE \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

ORDER  
IN FORMA PAUPERIS

FILE NO. \_\_\_\_\_

**ORDER**

- Leave is Granted to proceed *in forma pauperis* without payment of the filing fee.
- Leave is Granted to proceed *in forma pauperis* without payment of the service cost.
- Leave is Denied to proceed *in forma pauperis* pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995).
- Leave is Denied to proceed *in forma pauperis*. Plaintiff has failed to establish compliance with the Poverty Guidelines pursuant to Rule 3(b)(1), SCRPC.

If denied, this case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before \_\_\_\_\_, 20 \_\_\_\_\_.

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Presiding Judge, \_\_\_\_\_ Judicial Circuit

\_\_\_\_\_, South Carolina

**NOTICE TO PLAINTIFF:** The Court may assess costs against either party at hearing.

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

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

\_\_\_\_\_  
Plaintiff, )

**ACCEPTANCE OF SERVICE**  
(Child Support Modification)

vs. )

\_\_\_\_\_  
Defendant. )

Docket No. \_\_\_\_\_

Pursuant to Rule 4(j), SCRCP, I certify that I received a copy of the following:

- Family Court Coversheet, Summons and Complaint and Financial Declaration
- Other: \_\_\_\_\_

in this action on (    /    /    ) at the following location:

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

Date: \_\_\_\_\_, 20

\_\_\_\_\_, S.C.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Printed Name of Defendant

\_\_\_\_\_  
Home/Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone No.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Plaintiff,  
 )  
 ) vs. )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Defendant. )

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

**AFFIDAVIT OF SERVICE  
BY MAILING**  
(Child Support Modification)

Docket No. \_\_\_\_\_

Personally appeared the Plaintiff who states that (s)he served the Defendant with a copy of the Family Court Coversheet, Certificate of Exemption, Summons, Complaint, and Financial Declaration

\_\_\_\_\_ by certified mail, restricted delivery, return receipt requested (receipt attached) in the United States Mail, with proper postage attached

\_\_\_\_\_ by commercial delivery service pursuant to Rule 4(d)(9), SCRCPP with delivery record attached;

on (    /    /    ) addressed as follows:

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

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public of South Carolina

\_\_\_\_\_  
Plaintiff

My Commission expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 )  
 )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**AFFIDAVIT OF SERVICE**

Docket No. \_\_\_\_\_

Personally appeared before me, the affiant, who being duly sworn, states that ( <input type="checkbox"/> he/ <input type="checkbox"/> she) served the _____ in this action on _____ (Party Served).						
They were served in the following manner: (Check one)						
<input type="checkbox"/>	Personally served on _____ (Party Served).					
<input type="checkbox"/>	Served at their residence by leaving the documents with _____ (Name of person served) the _____ (Relationship of the person served) of the person served, a person of age and discretion.					
<input type="checkbox"/>	_____ the _____ of _____					
	(Name of person served)		(Title)		(Corporation name)	
Service was completed at this address: _____ (Address)						
_____ (City, State)				_____ (County)		
on	_____, 20	at	_____	( <input type="checkbox"/> A.M./ <input type="checkbox"/> P.M.)		
	(Date)		(Time)			

Unable to locate and serve after diligent efforts to do so. The process is returned unexecuted. The following service attempts were made:

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

Affiant is not a party to this action, is not less than eighteen (18) years of age and has no interest in or connection to this action.

Custodial Parent (if applicable) : \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public of South Carolina

\_\_\_\_\_  
 Affiant Signature

My Commission expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
Plaintiff, )  
 )  
vs. )  
 )  
 )  
\_\_\_\_\_  
Defendant. )

IN THE FAMILY COURT  
\_\_\_\_\_  
JUDICIAL CIRCUIT

**REQUEST FOR HEARING**  
(Child Support Modification)

Docket No. \_\_\_\_\_

**Plaintiff or Attorney for Plaintiff:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Defendant or Attorney for Defendant:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contested:  Yes  No Child Custody Issue:  Yes  No

Amount of Time Requested: **30 minutes**

Dates / Times the Plaintiff and/or Defendant is/are UNAVAILABLE (exclude weekends and holidays): See Attached list(s)

Hearing Requested By:  PLAINTIFF  DEFENDANT

COMMENTS / ISSUES: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_, S.C. \_\_\_\_\_  
Signature

**\*\*\*\*Section below to be completed by Clerk of Court. \*\*\*\***

The Final Hearing in this matter is scheduled for \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, at  
\_\_\_\_:\_\_\_\_  a.m./  p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Plaintiff,  
 )  
 ) vs. )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Defendant. )

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

**AFFIDAVIT OF SERVICE  
BY MAILING  
(Notice of Hearing)**

Docket No. \_\_\_\_\_

Personally appeared the Plaintiff who states that (s)he served the Defendant with a copy of the Notice of Hearing by certified mail, restricted delivery, return receipt requested (receipt attached) in the United States Mail, with proper postage attached, on ( / / ) addressed as follows:

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

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public of South Carolina

\_\_\_\_\_  
Plaintiff

My Commission expires: \_\_\_\_\_



## Script for Plaintiff's Testimony

### Child Support Increase

Before you present your case, you will be sworn in. If the Judge indicates you should come forward, you should take a seat in the witness chair. The witness chair is usually beside the Judge. If the Judge allows you to stay at the table in front of the Judge, you should stand.

In accordance with the SC Rules of Civil Procedure, if you have any papers that you want the Judge to see, bring three copies to the hearing. Hand the original and a copy to the Deputy Sheriff who will give the original to the Judge and a copy to the Defendant. Be sure to keep another copy for yourself in case the Judge or the Defendant asks you questions about it.

After you are sworn in, you should ask

- "Your Honor, may I begin?"
- My name is \_\_\_\_\_
- My address is: \_\_\_\_\_  
in \_\_\_\_\_ County, \_\_\_\_\_ (State) \_\_\_\_\_
- The Defendant lives in \_\_\_\_\_ County, \_\_\_\_\_ (State) \_\_\_\_\_
- This court has jurisdiction over this case because of the prior child support order.
- Defendant is ordered to pay child support of \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ (name of child(ren) in this case).
- My income per month is: \_\_\_\_\_ . I make \_\_\_\_\_ per hour and I work \_\_\_\_\_ hours each week.
- I have other income from \_\_\_\_\_ . That income is \_\_\_\_\_ per month.
- I pay day care of \_\_\_\_\_ per week.
- I pay health insurance of \_\_\_\_\_ per \_\_\_\_\_ for the child(ren).
- I have filed a Financial Declaration with the Court that I ask the Court to review.
- My circumstances have substantially changed. I need an increase in child support because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Your honor, that is all of my testimony. I will be happy to answer any questions that you or the Defendant may have.

Listen carefully to any questions that you are asked and answer truthfully.

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**ORDER**  
 (Increase Child Support)

Docket No. \_\_\_\_\_

Plaintiff's Attorney: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Judge: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Court Reporter: \_\_\_\_\_

At the hearing, the Court determined it has jurisdiction over the subject matter and the parties in this action. The Court considered facts and circumstances that may include both parties' incomes, abilities to pay, education, expenses and assets, needs of the children, and standard of living. Based upon the evidence, the Court makes the following findings of fact:

Defendant pays child support to the Plaintiff for the minor child(ren) whose names and dates of birth are:

Child's Full Name	Date of Birth	Child's Full Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	

A significant change in circumstances  has  has not occurred, the current ongoing child support obligation  is  is not reasonable, and the child support obligation  should be  should not be increased.

**IT IS THEREFORE ORDERED:**

- The petition for child support increase is **DENIED**. The existing Order remains in effect.
- The petition for child support increase is **GRANTED**. Defendant owes a child support arrearage of \$\_\_\_\_\_. The new child support payments are \$\_\_\_\_\_, plus \$\_\_\_\_\_ towards the arrearage, plus 5% court costs, for a total payment of \$\_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_. **The Child Support Guidelines Worksheet is attached.**
- \_\_\_\_\_ shall provide and maintain health insurance for the child(ren).
- Insurance is not reasonably available.
- \_\_\_\_\_ shall pay \_\_\_\_\_ % of all unreimbursed health expenses in excess of \$250 per year per child. The custodian shall assume the costs of the unreimbursed medical expenses up to \$250 per year per child.

Each child support payment shall be paid through the Clerk of Court and shall be paid until further order of the court.

This case shall be combined with the prior order dated \_\_\_\_\_ with the docket number \_\_\_\_\_.

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

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, S.C.

Family Court Judge

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 )  
 )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**SUPPORT INFORMATION SHEET**

Docket No. \_\_\_\_\_

Check appropriate box:

- No spousal or child support ordered. (No other items should be completed.)
- If support is ordered to be paid directly or through the Court, you must complete BOTH pages (as applicable).

Obligation Type	Child Support	Spousal Support	Other:
Amount	\$	\$	\$
Collection Costs (5%)	\$	\$	\$
<b>Payment Frequency</b>			
Payment Start Date	, 20		
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (1st & 16th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (15th & 30th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Arrearage Amount</b>	\$	\$	\$
<b>Wage Withholding</b>			
Required by S.C. Code Ann. §63-17-1420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Custodial Parent (if applicable): \_\_\_\_\_

**OBLIGOR'S DESIGNATION STATEMENT: PAYMENT OF COURT COSTS**

I acknowledge that S.C. Code Ann. § 63-3-370 requires that I pay and the Family Court has ordered that I pay court costs in an amount equal to five (5) percent of any support payment made through the Clerk of Court or the centralized wage withholding system. I owe and will pay these costs in addition to my support obligation.

To meet my duty to pay court costs, I designate an amount equal to five (5) percent of the support payment I make to be applied and distributed in payment of court costs, not support.

I acknowledge the Clerk of Court or, if payments are withheld from my income, the centralized wage withholding system to deduct the fee from every payment made by me or on my behalf.

I acknowledge that should I not pay the full amount due, that an arrearage will accrue and that the Clerk of Court may take enforcement action against me for failure to pay all amounts ordered by the Court.

If an amendment to the law changes the amount of court costs, this designation authorizes deduction of court collection costs in the amount established by law.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Signature of Person paying Support\*\*

**\*\* NOTE TO CLERK: FILE AND PROCESS THIS FORM EVEN IF SIGNATURE OF PERSON PAYING SUPPORT IS NOT PROVIDED. \*\***

# IDENTIFYING INFORMATION ON THIS PAGE

## A. OBLIGEE/PAID TO:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## B. OBLIGOR/PAID BY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## C. CHILDREN

CHILDREN'S NAMES	DATE OF BIRTH	SSN
1.		
2.		
3.		
4.		
5.		
6.		

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

# **INSTRUCTIONS FOR COMPLETING THE SELF-REPRESENTED LITIGANT CHILD SUPPORT INCREASE PACKET**

## **DEFENDANT**

The Plaintiff is the person who is trying to increase the child support. The Plaintiff is the person who wants things to change and who has filed this case. The Defendant is the person who is being sued. **The instructions in this packet are for the Defendant.**

**WARNING: You are strongly encouraged to seek the advice of an attorney before filing any legal matter.** This packet is designed to provide information and forms to people who are representing themselves in court. If you proceed without an attorney, it may negatively affect your legal rights. If you are unsure whether to proceed, or have questions about these forms or your legal rights, consult an attorney. Please note that clerks of court, court staff, and judges cannot give you legal advice.

**DISCLAIMER:** The information in this packet is not legal advice and cannot replace the advice of competent legal counsel licensed in your state. Child support laws vary from state to state and the information contained in this packet is specific to South Carolina. Please note that the information contained in this packet is subject to change and make sure that you have the most current version of this packet before filing.

### **PART 1: YOUR ROLE AS A DEFENDANT**

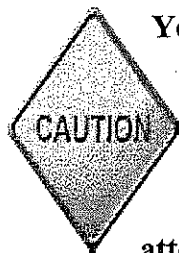
The following instructions will help you file an Answer for a child support increase in South Carolina *pro se*, or without an attorney. *Pro se* is a Latin term meaning “in person” or “on one’s own behalf.” As the courts see more people representing themselves in court, you may also hear the term self-represented litigant instead of *pro se*. While the self-represented litigant may not incur the attorney expense, the self-represented litigant does not have the expert guidance that an attorney can provide.

If you do not know an attorney who can assist you, you may call the South Carolina Bar’s Lawyer Referral Service at 1-800-868-2284 and ask for a Family Law attorney in your county. Members of the South Carolina Bar’s Lawyer Referral Service have been in practice for more than 3 years, are in good standing, have provided proof of malpractice insurance, and have agreed to provide a 30 minute consultation for no more than \$50. If you believe you qualify for

South Carolina Legal Services, you may contact their Legal Aid Telephone Intake Service (LATIS) at 1-888-346-5592. Please note that to qualify for SCLS, your income must not be more than 125% of the Federal Poverty Guidelines.

The custodial party who is the Plaintiff in this case has filed for an increase in child support payments. You will be served these documents in one of three ways:

- By Certified U.S. Mail, Return Receipt Requested, Restricted Delivery; or
- By receiving the Summons and Complaint from the custodial party and voluntarily signing an Acceptance of Service; or
- By a law enforcement officer or private process server.



**You must file an Answer within 30 days after you receive a Summons and Complaint. You may want to talk to an attorney about your options. If you do not know an attorney who can assist you, you may call the South Carolina Bar's Lawyer Referral Service at 1-800-868-2284 and ask for a Family Law attorney in your county.**

## **PART 2: COMPLETING YOUR PAPERWORK**

The next step is to study **all** of the forms listed below. The name of each form can be found in the upper right hand corner and the form number in the bottom left hand corner.

The following forms are included in this packet:

1. Defendant's Answer (SCCA 400.32 SRL-CSM)
2. Financial Declaration Form (SCCA 430)
3. Affidavit of Service by Mailing (Answer) (SCCA 400.25 SRL-CSM)

Read all the documents carefully. If you are willing to accept service, complete the Acceptance of Service form and return it to the Plaintiff. Next, read the Complaint carefully and complete the Answer to the best of your abilities. At the end of the Answer there is a space where you can ask the Court for additional relief. You may leave this blank. If you want to ask for a decrease instead of an increase, you can use these lines to ask this. You will have to prove that there should be a decrease and not an increase. Before you ask for a decrease, you should check the child support guidelines. Child support is calculated by using the South Carolina Child Support

Guidelines. Go to the South Carolina Department of Social Services website and complete the child support calculator. The DSS website is <http://www.state.sc.us/dss/csed/calculator.htm>.



**The results of the child support calculator do not guarantee that a Family Court Judge will decrease your child support amount.**

If you get a higher support amount when using the calculator, you may decide not to file for a decrease in your support amount.



**The judge may increase the child support amount if the results of the child support calculator show that there should be an increase instead of a decrease.**

Please pay special attention to the Financial Declaration Form. This form asks questions about the finances of both you and the Plaintiff. Fill out the sections of the form that apply to you. You must take the Financial Declaration Form to a notary public before you sign it. After the Answer and Financial Declaration Form are completed, make two copies of each form.

File the Answer and Financial Declaration Form with the same Clerk of Court's office where the Complaint was filed. Take the original and the copies to that Clerk of Court's office. Ask the Clerk to stamp both the originals and copies of the forms. The Clerk will keep the original forms and will return two stamped copies of each form to you.

Mail a stamped copy of both the Answer and Financial Declaration Form along with the Affidavit of Mailing (Answer) to the Plaintiff or to the Plaintiff's attorney by first class mail. Keep the other stamped copies for your files.

### **PART 3: THE HEARING**

The Plaintiff or the Plaintiff's attorney will mail you a Notice of Hearing, which will give you the date and time of your hearing. On the day of your hearing, you should arrive at the courthouse at least thirty (30) minutes prior to your scheduled time and bring a copy of your paperwork. **Dress appropriately and turn off your cell phone.** Appropriate dress includes suits, jackets, dresses, or dress slacks. Males should tuck their shirts into their pants. Casual clothing such as sweat

clothes, tank tops, shorts, and similar summer beach wear is not appropriate for the courtroom. Remove hats when entering the courtroom, unless they are required for a medical condition. Most courts do not allow children into the courtroom so make arrangements for a responsible adult to watch your children while you are in court.

The Plaintiff will present his/her case first. You will have the opportunity to ask the Plaintiff and any witnesses questions. After the Plaintiff and witnesses have testified, you will be given an opportunity to testify and present witnesses for your case. If you completed the Counterclaim section of the Answer and asked for something else, you must prove that your request should be granted. The judge may interrupt you from time to time to ask you a question. Listen carefully, and answer the questions the judge asks you. If you have any papers that you want the Judge to see, hand the original and a copy to the Deputy Sheriff who will give the original to the Judge and a copy to the Plaintiff. After the hearing, the judge will sign the order. The Clerk of Court will provide you and the Plaintiff or the Plaintiff's attorney with a copy of the order.

#### **Defendant Child Support Increase Checklist**

- Once you are served with a Summons and Complaint for Child Support Increase, complete the Answer. Also, complete the section of the Financial Declaration Form that applies to you and have the form notarized.
- File the completed Answer and Financial Declaration Form with the Clerk of Court's office **within 30 days after service**.
- Mail a stamped copy of the Answer and Financial Declaration Form along with the Affidavit of Mailing (Answer) to Plaintiff or Plaintiff's attorney **within 30 days after service**.
- The Plaintiff or Plaintiff's attorney will then mail you a Notice of Hearing, which will give you the date and time of your divorce hearing.
- Arrive on the day of your hearing at least 30 minutes early and be sure to dress appropriately, turn off your cell phone, remove your hat, and make sure you have appropriate childcare.
- At the hearing the Plaintiff will testify first. The judge will give you the opportunity to ask the Plaintiff questions and to present your case.
- At the end of the hearing the judge should sign the order and you will receive a copy.



STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT OF THE  
 \_\_\_\_\_ JUDICIAL CIRCUIT

FINANCIAL DECLARATION  
 OF \_\_\_\_\_

Docket No. \_\_\_\_\_

HUSBAND/FATHER		WIFE/MOTHER	
Address		Address	
Age		Age	
Occupation		Occupation	
Employer		Employer	
Employer Address		Employer Address	

Gross Monthly Income	Husband/Father	Wife/Mother
Principal Earnings from Employment <sup>1</sup>		
Overtime, Tips, Commission, Bonuses <sup>2</sup>		
Pensions, Retirement, and Annuities income		
Additional Employment income		
Social Security Benefits (SSA) and VA Benefits		
Disability and Worker's Compensation Benefits		
Unemployment and AFDC		
Spousal or Child Support (from other marriage/relationship)		
Dividends, Interest, Trust Income, and Capital Gains		
Rental Income and Business Profits		
Other (Specify):		
<b>TOTAL GROSS MONTHLY INCOME</b>		

Payroll Deductions from Monthly Income	Husband/Father	Wife/Mother
Federal Income Tax <sup>3</sup>		
State Income Tax		
Social Security and Medicare Tax (FICA)		
Self-Employment Tax		
Health and Dental Insurance (Adult)		
Health and Dental Insurance (Child)		
Union Dues		
Voluntary Retirement Contribution (401(k), 457, IRA)		
Mandatory Retirement Contribution		
Savings Plan		
Other (Specify):		
<b>TOTAL MONTHLY DEDUCTIONS</b>		
<b>NET MONTHLY INCOME <sup>4</sup></b>		

Estimate monthly expenses: (Specify which party is the custodial parent and list name and relationship of all members of household whose expenses are included. \_\_\_\_\_)

MONTHLY EXPENSES <sup>5</sup>	Husband/Father	Wife/Mother
Residential Rent Payment		
Note or Mortgage Payment on Residence(s)		
Food and Household Supplies <sup>6</sup>		
Utilities, Water, and Garbage Collection		
Telephone and Cellular Phone		
Medical, Dental and Disability Insurance Premiums (not deducted from paycheck)		
Life Insurance Premiums (not deducted from paycheck)		
Child Support (from other relationship)		
Work Related Day Care		
Spousal Support (from prior marriage)		
Auto Payment		
Auto Insurance, taxes, gasoline, and maintenance <sup>7</sup>		
<b>SUBTOTAL:</b> <input type="text"/>		
Real Property Tax on Residence(s)		
Maintenance for household <sup>8</sup>		
Adult Clothing		
Children's Clothing <sup>9</sup>		
Cable Television, Satellite, and Internet/Online Services		
Laundry and Dry Cleaning <sup>10</sup>		
Medical and Dental Expenses (not paid by insurance)		
Prescriptions, Glasses, and Contacts (not paid by insurance)		
Children's incidental expenses <sup>11</sup>		
School lunches, supplies, field trips, and fees <sup>12</sup>		
Entertainment <sup>13</sup>		
Adult Incidental expenses <sup>14</sup>		
All Installment payments <sup>15</sup>		
Other (Specify):		
<b>SUBTOTAL:</b> <input type="text"/>		
<b>TOTAL MONTHLY EXPENSES</b>		

**Installment Loan Payments Section**

Creditor	For	Monthly Payment	Balance	Owed by <sup>16</sup>

**Other Debts and Obligations *not* payable in monthly installments**

Creditor	For	Date Payable	Balance	Owed by <sup>16</sup>

Are you currently in Bankruptcy?  YES  NO

Are any obligations listed above, including mortgage and note payments, in arrears?  YES  NO

If yes, please list the obligations in arrears.

---



---

**All Marital Property Known to Parties**

Assets	Husband/Father	Wife/Mother	Joint
Cash and Money in Checking Account(s)			
Money in Savings Account(s), Credit Union, Money Market, or Cert. of Dep.			
Value of Voluntary Retirement Account(s)			
Value of Pension Account			
Value of Publicly Held Stocks, Bonds, Securities, Mutual Funds			
Value of Privately Held Stocks and Other Business			
Value of Real Estate – Net of Mortgage Balances			
Value of All Other Property <sup>17</sup>			
<b>TOTAL ASSETS</b>			

**Any Non Marital Property Known to Parties**

Description of Asset	Title Owner	Date of Acquisition	Source of Funds to Acquirer	Estimate Present market Value

**If total assets are less than \$300,000.00, sign and have notarized.**

**If total assets are greater than \$300,000.00, itemize assets by completing additional sections below and sign and have notarized.**

**Financial Accounts Section<sup>18</sup>**

Owner	Name of Institution	Type of Account	Balance

**Voluntary Retirement Accounts and Pension Accounts Section**

Type of Account	Value

**Publicly Held Stocks, Bonds, Securities, Mutual Funds Section (Non-Retirement)<sup>19</sup>**

Name of Company	Number of Shares/Type of Account	Value

**Real Estate Section<sup>20</sup>**

Owner	Address	Value	Mortgage Balance	Mortgage Equity

**Other Property Section<sup>17</sup>**

Owner	Description of Asset	Value	Loan Balance	Equity

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
(SEAL)  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

1. A recent paystub should be attached to the Financial Declaration. To compute Principal Earnings from Employment, first determine whether you are paid semi-monthly, biweekly, or weekly. If you are paid semi-monthly, multiply the gross amount of your pay check by two. If you are paid biweekly, multiply the gross amount of your pay check by 26 and then divide by 12. If you are paid weekly, multiply the amount of your paycheck by 52 and divide by twelve. Round to the nearest whole dollar.
2. To compute Overtime, Tips, Commission, and/or Bonuses, take an average of your monthly earnings from overtime, tips, commission, bonuses, etc. from the past three years or the length of employment if employed less than three years (including this year).
3. To compute State, Local, and Social Security Tax deductions, use the same formula used to compute principal earnings in endnote 1 above, or consult or have your attorney consult an accountant.
4. Net monthly Income is equal to Total Gross Monthly Income minus Total Monthly Deductions.
5. Do not include any expense in the Monthly Expenses section that has already been included in the Deductions from Gross Monthly Income on page one of the Declaration.
6. Food Expense is to include the cost of groceries, toiletries, cleaning supplies, and casual eating out.
7. Auto Expenses are to include gasoline, oil changes, tune-ups, tire replacement, maintenance, and related items.
8. Maintenance for Household is to include appliance and household repairs, landscaping, house cleaning, pest control, pool service, alarm service, and other related items.
9. Clothing Expense is to include shoes and clothing purchases, clothing repair and alterations, and related items.
10. Laundry Expense is to include the cost of laundry service, dry cleaning, and related items.
11. Children's Incidental Expenses are to include allowance, summer camp, baby sitters, lessons, activities, participatory sports, and related items.
12. School Expense is to include tuition, supplies, field trips, dues, tutors, locker rentals, school lunches, and other related items.
13. Entertainment is to include movies, theater, vacations, sporting events, compact discs, digital video discs, and related items.
14. Adult Incidental Expenses are to include cosmetics, hair and nail care, books, magazines, newspapers, business dues, memberships, pets, charity, religious dues or tithes, gifts, bank charges, hobbies, and related items.
15. All Installment Loan Payments is the total amount itemized in Installment Loan Payments Section, which should include all loan payments not already listed as a monthly expense. Examples: home equity loan, credit cards, etc.
16. Indicate which spouse legally owes the payment (husband, wife, or joint).
17. Other property is to include automobiles (minus loan balance), boats (minus loan balance), furniture, furnishings, china, silver, jewelry, collectibles, and other personal property.
18. Itemize Financial Accounts such as checking, savings, credit union, money market, or certificate of deposit accounts in the Financial Accounts Section.
19. Itemize Publicly Held Stocks, Bonds, Securities, Stock Options and Mutual Funds (excluding retirement accounts) in the Publicly Held Stocks, Bonds, Securities, Mutual Funds Section.
20. Itemize each parcel of Real Estate in the Real Estate Section.



admits paragraph 4 except for the following: \_\_\_\_\_

Defendant denies the remaining statements in paragraph 4.

5. As to paragraph 5 in the Complaint, Defendant

admits each and every statement

denies each and every statement

admits paragraph 5 except for the following: \_\_\_\_\_

Defendant denies the remaining statements in paragraph 5.

**\*\*\*IF THE COMPLAINT CONTAINS MORE THAN 5 PARAGRAPHS, YOU MAY ADD ADDITIONAL PARAGRAPHS TO THIS FORM OR LIST THEM ON A SEPARATE PAGE.\*\*\***

**BY WAY OF COUNTERCLAIM**

1. Defendant incorporates into this Answer each defense, statement, and admission that is set forth above.

2. The child support should be decreased because the Defendant has had a substantial change of circumstances as follows: \_\_\_\_\_

3. In addition to the above statements, Defendant would ask the Court for the following:

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Printed Name of Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone No.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Plaintiff, )  
 )  
 ) vs. )  
 )  
 )  
 )  
\_\_\_\_\_  
 ) Defendant. )

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

**AFFIDAVIT OF SERVICE  
BY MAILING  
(Answer)**

Docket No. \_\_\_\_\_

Personally appeared the Defendant who states that (s)he served the Plaintiff with a copy of the Answer by first class mail in the United States Mail, with proper postage attached, on \_\_\_\_\_ addressed as follows:

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

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public of South Carolina

\_\_\_\_\_  
Defendant

My Commission expires: \_\_\_\_\_