

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
)
)

) Plaintiff,)
)
) vs.)
)
)

) Defendant.)

IN THE FAMILY COURT
____ JUDICIAL CIRCUIT

REQUEST FOR HEARING

Docket No. _____

Plaintiff's Attorney: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Defendant's Attorney: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Guardian ad Litem: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Type of Hearing: _____

Time Needed: _____

Dates and Times Unavailable: _____

Child Custody at Issue: Yes No

Are Other Issues Contested Yes No If yes, explain: _____

If yes to either above, submit a mediation report.

Comments and Issues: _____

Hearing Requested by: _____ Date: _____, 20__

For: Plaintiff Defendant

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

The hearing in this matter is scheduled for ____ day of _____ 20__, at ____:____
a.m./p.m., Courtroom _____, before the Honorable
_____ for _____ (length of time).