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).