

CLERK OF COURT
COUNTY OF ORANGEBURG

PO DRAWER 9000
ORANGEBURG SC 29116
803-533-6260

LISA MIZELL
CLERK OF COURT

MARCIA GIBSON
DEPUTY CLERK

CUSTODIAL PARENT: TERMINATE SUPPORT

1. COMPLETE ALL FORMS. DO NOT LEAVE ANYTHING BLANK. HAVE YOUR SIGNATURE NOTARIZED.
2. SUBMIT TO CLERK OF COURTS OFFICE WITH \$70.00 FILING FEE.
3. THE CLERK OF COURTS OFFICE WILL THEN FORWARD THE PAPERWORK TO THE FAMILY COURT JUDGE FOR APPROVAL AND A HEARING DATE WILL BE SCHEDULED.
4. THE CLERK OF COURTS OFFICE WILL MAIL THE COMPLETED FORMS CERTIFIED WITH THE HEARING DATE TO THE ADDRESS YOU LISTED ON YOUR INFORMATION SHEET. THIS WILL BE THE ONLY NOTICE.
5. YOU ARE RESPONSIBLE FOR HAVING THE PAPERWORK SERVED ON THE DEFENDANT BY THE SHERIFF.
6. YOU MUST OBTAIN THE AFFIDAVIT OF SERVICE FROM THE SHERIFF AND FILE IT WITH THE CLERK OF COURTS OFFICE ON OR BEFORE THE COURT DATE.
7. YOUR FAILURE TO APPEAR FOR THE HEARING DATE WILL RESULT IN A DISMISSAL OF THE ACTION.
8. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO FILL OUT THESE FORMS. YOU MUST CONTACT AN ATTORNEY. THIS OFFICE CANNOT GIVE OUT ANY LEGAL ADVICE.

STATE OF SOUTH CAROLINA)

IN THE FAMILY COURT

COUNTY OF ORANGEBURG)

PLAINTIFF)

PETITION TO PROCEED PRO SE

-VS-)

CASE NO. _____

DEFENDANT)

TO THE FAMILY COURT OF THE FIRST JUDICIAL CIRCUIT:

The petition of _____, whose address is

respectfully shows:

That (s)he does not have funds to employ counsel, and that (s)he wishes to represent
himself/herself in an action_____

Plaintiff

State of South Carolina)
)
County of Orangeburg)
)
_____)
Plaintiff))
)
vs.)
)
_____)
Defendant)

IN THE FAMILY COURT

SUMMONS

CASE NO. _____

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer to the Complaint upon the subscriber at _____, South Carolina, within thirty (30) days after the service hereof. If you fail to answer the Complaint within that time, the Plaintiff shall apply to the Court for a judgement by default against you for the relief demanded in the Complaint.

Plaintiff/Attorney for Plaintiff
Address: _____

Orangeburg, South Carolina
_____, 2001

STATE OF SOUTH CAROLINA)
)
COUNTY OF ORANGEBURG)

IN THE FAMILY COURT
FIRST JUDICIAL CIRCUIT

PLAINTIFF)

PETITION TO TERMINATE CHILD SUPPORT

VS.)

DEFENDANT)

CASE NO. _____

1. Plaintiff is under a previous Order to pay child support through this Court to _____

_____.

2. That the Plaintiff is presently current/in arrears with his/her support payments.

3. That Plaintiff would like to terminate his/her support obligation since the child: _____

_____.

WHEREFORE, Plaintiff respectfully requests this Court to review the matter herein alleged
and permanently terminate the support payments.

Plaintiff

SWORN AND SUBSCRIBED BEFORE ME
THIS ____ DAY OF _____ 200__

NOTARY PUBLIC OF SOUTH CAROLINA
MY COMMISSION EXPIRES: _____

PLAINTIFF INFORMATION SHEET

CASE NUMBER: _____

NAME: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER'S TELEPHONE NUMBER: _____

CLOSEST RELATIVE: _____

RELATIVE'S ADDRESS: _____

RELATIVE'S TELEPHONE NUMBER: _____

DEFENDANT INFORMATION SHEET

CASE NUMBER: _____

NAME: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

PLACE OF EMPLOYMENT: _____

EMPLOYER'S TELEPHONE NUMBER: _____

CLOSEST RELATIVE: _____

RELATIVE'S ADDRESS: _____

RELATIVE'S TELEPHONE: _____