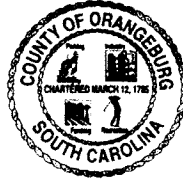


Orangeburg County Clerk of Court Office

WINNIFA B. CLARK
CLERK OF COURT

YOJUANA T. CREWS
DEPUTY CLERK OF COURT

SANDRA P. OWEN
DEPUTY CLERK OF COURT



PO Box 9000
ORANGEBURG, SC 29116-9000
PHONE: (803) 533-6260
FAX: (803) 534-3848

PLEASE BE ADVISED OF OUT COURTROOM POLICIES

1. T-SHIRTS AND TANKS TOPS ARE NOT ALLOWED. OTHER SHIRTS MUST BE WORN IN A NEAT FASHION.
2. YOU MUST WEAR SHOES, FLIP FLOPS ARE NOT ALLOWED.
3. SHORTS ARE NOT ALLOWED.
4. SKORTS ARE NOT ALLOWED.
5. CHILDREN WILL NOT BE ALLOWED IN THE COURTROOM. PLEASE ARRANGE FOR THEM TO BE CARE FOR A HOME.
6. YOU MUST HAVE PICTURE IDENTIFICATION IN YOUR POSSESSION.
7. YOU MAY NOT ENTER THE PREMISES WITH WEAPONS OF ANY KIND, NO VIDEO OR AUDIO RECORDERS. YOU WILL BE SCREENED UPON ENTERING THE PREMISES, AND ANU PURSES OR OTHER BAGS WILL BE SEARCHED.
8. CHEWING GUM, CANDY, FOOD OR DRINKS OF ANY KIND ARE NOT ALLOWED IN THE COURTROOM OR HALLWAYS.
9. BEEPERS AND CELL PHONES ARE SUBJECT TO CONFISCATION IF COURT PROCEEDINGS ARE DISRUPTED.

**PLEASE REMEMBER THAT YOU WILL BE ENTERING A
COURTROOM AND YOU SHOULD BE AS NEAT AND
CLEAN AS POSSIBLE.**

**THE DRESS CODE ABOVE WILL BE STRICTLY
ENFORCED. FAILURE TO DRESS APPROPRIATELY MAY
RESULT IN YOUR HEARING BEING CONTINUED OR
CONDUCTED IN YOUR ABSENCE**

PETITION FOR PROTECTION (NO FEE)

1. YOU MAY FILE A PETITION FOR PROTECTION WITH THIS OFFICE IF THERE HAS BEEN PHYSICAL ABUSE AND/OR THREATS OF PHYSICAL ABUSE BY AN IMMEDIATE FAMILY MEMBER OR SOMEONE YOU HAVE LIVED WITH AND/OR HAVE A CHILD WITH.
2. THE PETITION FOR PROTECTION CAN BE IN EFFECT FOR UP TO 12 MONTHS, DEPENDING ON THE JUDGE.
3. YOU, THE PLAINTIFF, WILL BE CONTACTED BY TELEPHONE REGARDING THE COURT DATE AND TIME. THIS OFFICE WILL SERVE NOTICE OF THE COURT HEARING, SUMMONS, AND THE PETITION ON THE DEFENDANT.
4. PLEASE SIGN AND DATE BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND ALL OF THE ABOVE ITEMS. THIS SIGNED FORM MUST BE RETURNED WITH THE COMPLETED FORMS THAT ARE ATTACHED.

SIGNATURE

DATE

STATE OF SOUTH CAROLINA)
)
COUNTY OF ORANGEBURG)

IN THE FAMILY COURT
FIRST JUDICIAL CIRCUIT
CASE NO.: _____-DR-38-_____

_____,)
Petitioner,)

VS.)

_____,)
Respondent.)

MOTION AND AFFIDAVIT FOR
EMERGENCY HEARING

(Protection from Domestic Abuse Act)

I, _____, being duly sworn, state that I am (the Petitioner) (making this
Petition on behalf of the Petitioner) and that the Petitioner is in immediate and present danger of
bodily injury as shown by the following facts:

Therefore, I am requesting an emergency hearing.

Sworn to and Subscribed before me this)
This _____ day of _____, 2009.)
_____)
Notary Public for South Carolina)
My Commission Expires: _____)

Signature of Petitioner or Person Making
Petition on Behalf of Petitioner

ORDER

Request for Emergency Hearing is granted / denied.

_____, 2009
Orangeburg, S.C.

Presiding Family Court Judge
Orangeburg County, SC

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

IN THE FAMILY COURT
JUDICIAL CIRCUIT

Petitioner)

PETITION FOR ORDER OF PROTECTION
(For Use in Family Court)

vs.)

Respondent.)

Respondent's SSN: _____
DOB _____ Race _____ Sex _____

I ask this court to issue an Order of Protection, because:

1. This is the county where this case should be handled, since (check one):
 a. The alleged act of abuse occurred in this county; or,
 b. The person who caused the abuse lives in this county; or
 c. The person who caused the abuse and I last lived together in this county.

2. The person who caused the abuse lives at _____ (street address) in or near the town or city of _____, which is in _____ County, and the State of _____.

3. The person who was abused was (check one or both, and supply information):
 a. _____, who is the person asking for an Order of Protection; or,
 b. _____, who is a child under 18 years old who lives with me.

4. That the abuser and the victim (check one or more):
 are husband and wife were formerly husband and wife
 have a child/children in common, who is/are: _____
 are living together were formerly living together
 are household or family members pursuant to S.C. Code Section 20-4-20(a)(2)

5. The abuse happened at (address/location) _____ on _____,
 2_____, at _____ o'clock, _____ when _____ (Name of person causing abuse) did this:
 _____.

6. Have there been prior convictions of domestic violence or prior orders of protection? Yes No . If yes, please state date _____.

7. I ask this court to grant the following temporary relief (check as many as apply and supply information)
 a. issue an order of protection which prohibits and forbids _____ from abusing, threatening to abuse, or molesting, or engaging in any other conduct that would place Petitioner in reasonable fear of bodily injury.
 b. issue an order of protection which restrains and prohibits _____ from using, attempting to use, or threatening to use physical force against Petitioner that would reasonably be expected to cause bodily injury.
 c. issue an order of protection which restrains, prohibits, and forbids _____ from communicating or attempting to communicate with Petitioner in any way, and from entering or attempting to enter the home of the victim, place of employment, education, or other location as the Court may order.
 d. issue an order granting _____ temporary custody of the following minor child(ren).

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

grant reasonable visitation or deny visitation.

- e. issue an order granting Petitioner temporary child support
(Financial Declaration [Form SCCA/430] MUST be completed and attached).
- f. issue an order granting Petitioner temporary financial support
(Financial Declaration [Form SCCA/430] MUST be completed and attached).
- g. issue an order granting Petitioner temporary exclusive use and possession of the home and furnishings.
- h. issue an order which forbids _____ from transferring, selling, destroying, encumbering, or otherwise disposing of real or personal property belonging to Petitioner or jointly owned.
- i. issue an order which gives Petitioner assistance from law enforcement in that Petitioner will be accompanied:
 - (1) in removing Personal property from _____ (Street Address) in _____ (City) _____ (County), South Carolina.
 - (2) in placing Petitioner in possession of the home and furnishings at _____ (Street Address) in _____ (City) _____ (County), South Carolina.
- j. issue an order reimbursing Petitioner for costs and attorney's fees.
- k. hold a hearing within 15 days of the date of filing these papers.
- l. hold an emergency hearing within 24 hours.
- m. issue an order granting Petitioner the following additional requests: _____

Sworn to and Subscribed before me)
 this _____ day of _____, 20____)
 _____)
 Notary Public for South Carolina)
 My Commission expires _____)

 Signature of Petitioner or
 Person on Behalf of Petitioner under 18 years old

NOTICE TO RESPONDENT: YOU HAVE THE RIGHT TO EMPLOY COUNSEL TO REPRESENT YOU.

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
_____)
)
Petitioner)
)
vs.)
)
_____)
)
Respondent)

IN THE FAMILY COURT
_____) JUDICIAL CIRCUIT

**SUPPLEMENT TO THE
PETITION FOR ORDER OF PROTECTION**
(For Use in Family Court)

FILE NO. _____

You must complete this form if you live or are sheltered in this county, but the abuse occurred in another county; the person who caused the abuse lives in another county; or both of you last lived together in another county.

1. I live or am sheltered in _____ County.
2. I am asking the court to transfer this case to _____ County for the hearing, because: (check one):
 - _____ a. The alleged act of abuse occurred in this county; or,
 - _____ b. The person who caused the abuse lives in this county; or
 - _____ c. The person who caused the abuse and I last lived together in this county.

The caption in the Petition for Order of Protection must designate the county identified in Item 2 above. (S.C. Code Ann. Section 20-4-30, as amended.)

Signature of Petitioner or
Person on Behalf of Petitioner under 18 years old

This form is for Internal Use Only. Because of safety concerns, the petitioner should be contacted at the following address which shall be confidential and not subject to Public Disclosure.

Contact Person: _____

Address: _____

Phone: _____

STATE OF SOUTH CAROLINA)
 COUNTY OF _____)

IN THE FAMILY COURT OF THE
 _____ JUDICIAL CIRCUIT

 Plaintiff,)

FINANCIAL DECLARATION
 OF _____

 Defendant.)

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 ¹		
Overtime, Tips, Commission, Bonuses ²		
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):		
TOTAL GROSS MONTHLY INCOME		

Payroll Deductions from Monthly Income	Husband/Father	Wife/Mother
Federal Income Tax ³		
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):		
TOTAL MONTHLY DEDUCTIONS		
NET MONTHLY INCOME ⁴		

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 ⁵	Husband/Father	Wife/Mother
Residential Rent Payment		
Note or Mortgage Payment on Residence(s)		
Food and Household Supplies ⁶		
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 ⁷		
SUBTOTAL: <input type="text"/>		
Real Property Tax on Residence(s)		
Maintenance for household ⁸		
Adult Clothing		
Children's Clothing ⁹		
Cable Television, Satellite, and Internet/Online Services		
Laundry and Dry Cleaning ¹⁰		
Medical and Dental Expenses (not paid by insurance)		
Prescriptions, Glasses, and Contacts (not paid by insurance)		
Children's incidental expenses ¹¹		
School lunches, supplies, field trips, and fees ¹²		
Entertainment ¹³		
Adult Incidental expenses ¹⁴		
All Installment payments ¹⁵		
Other (Specify):		
SUBTOTAL: <input type="text"/>		
TOTAL MONTHLY EXPENSES		

Installment Loan Payments Section

Creditor	For	Monthly Payment	Balance	Owed by ¹⁶

Other Debts and Obligations *not* payable in monthly installments

Creditor	For	Date Payable	Balance	Owed by ¹⁶

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 Certificate of Deposit			
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 ¹⁷			
TOTAL ASSETS			

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 Section¹⁸

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)¹⁹

Name of Company	Number of Shares/Type of Account	Value

Real Estate Section²⁰

Owner	Address	Value	Mortgage Balance	Mortgage Equity

Other Property Section¹⁷

Owner	Description of Asset	Value	Loan Balance	Equity

Signature

Sworn to before me this _____ of _____,
20__.

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

-
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.

Plaintiff Information Sheet

Case Number: _____ DR-38- _____

Name: _____

Street Address: _____

Telephone Number: () _____

Date of Birth: _____, _____, _____

Social Security: _____

Race: _____ Height _____ Weight _____ lbs. Hair Color _____

Place of Employment: _____

Employers Telephone No: () _____

Closest Relative: _____

Relative's Address: _____

Relative's Telephone Number: () _____

Defendant Information Sheet

Case Number: _____ DR-38- _____

Name: _____

Street Address: _____

Telephone Number: () _____

Date of Birth: _____, _____, _____

Social Security: _____

Race: _____ Height _____ Weight _____ lbs. Hair Color _____

Place of Employment: _____

Employers Telephone No: () _____

Days and Hours Worked: _____

Type of Vehicle: _____ Color of Vehicle: _____

Vehicle Tag#: _____

Closest Relative: _____

Relative's Address: _____

Relative's Telephone Number: () _____