

# Orangeburg County Clerk of Court Office

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## **AFFIDAVIT TO GIVE CREDIT FOR PAYMENTS MADE DIRECTLY**

1. COMPLETE ALL FORMS. DO NOT LEAVE ANYTHING BLANK. HAVE YOUR SIGNATURE NOTARIZED.
2. SUBMIT FORMS TO THE CLERK OF COURT'S OFFICE.
3. THE CLERK OF COURT'S OFFICE WILL THEM FORWARD THE PAPERWORK TO THE FAMILY COURT JUDGE FOR APPROVAL AND A HEARING DATE WILL BE SCHEDULED.
4. THIS FORM CAN ONLY BE USED ONE TIME. YOU MUST APPEAR IN COURT FOR ADDITIONAL REQUESTS.
5. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO FILL OUT THESE FORMS, YOU MUST CONTACT AND ATTORNEY. THIS OFFICE CANNOT GIVE ANY LEGAL ADVICE.

**MUST ATTACHED A PICTURE IDENTIFICATION**

STATE OF SOUTH CAROLINA )  
COUNTY OF ORANGEBURG )

IN THE FAMILY COURT

CASE NO. \_\_\_\_\_

\_\_\_\_\_ )

PLAINTIFF )

**PETITION TO GIVE CREDIT**

VS. )

\_\_\_\_\_ )

DEFENDANT )

1. (PLAINTIFF)(DEFENDANT) was under a previous Order to pay child support through the Court.
2. DEFENDANT has paid \$\_\_\_\_\_ directly to me.
3. \_\_\_\_\_

WHEREFORE (PLAINTIFF) (DEFENDANT) prays

1. That this Court give the DEFENDANT credit in the amount of \$\_\_\_\_\_ which he has paid directly to the PLAINTIFF.
2. \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_ 2009.

\_\_\_\_\_  
NOTARY FOR SOUTH CAROLINA  
MY COMMISSION EXPIRES: \_\_\_\_\_

**ORDER**

It is therefore **ORDERED** that the Defendant shall have arrears dismissed for the amount above stated and that all future payments shall be made through the Court as previous ordered.

\_\_\_\_\_  
Orangeburg, South Carolina 20\_\_\_\_

\_\_\_\_\_  
JUDGE /FAMILY COURT

## 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: (    ) \_\_\_\_\_