

# 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



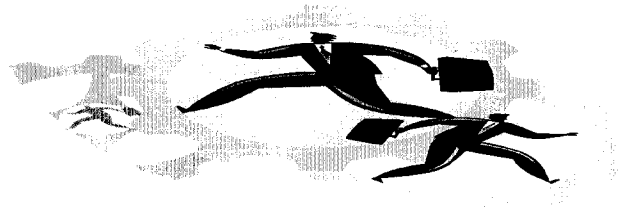
PO Box 9000  
ORANGEBURG, SC 29116-9000  
PHONE: (803) 533-6260  
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## **PETITION FOR REDUCTION (\$150 FILING FEE) (\$3 PROCESSING FEE)**

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. THE CLERK OF COURT'S OFFICE WILL MAIL THE COMPLETED FORMS WITH THE HEARING DATE TO YOU BY CERTIFIED MAIL, TO THE ADDRESS YOU LISTED ON YOUR INFORMATION SHEET. THIS WILL BE THE ONLY NOTICE YOU RECEIVE.
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 COURT'S OFFICE ON OR BEFORE THE COURT DATE.
7. YOUR FAILURE TO APPEAR FOR THE HEARING DATE WILL RESULT IN A DIMISSAL OF THE ACTION.
8. 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 HAVE PICTURE IDENTIFICATION ATTACHED!!!**

## **Please be advised of our Courtroom Policies**



1. T-shirts and tank tops are not allowed. Other shirts must be worn in neat a fashion.
2. You must wear shoes and flip flops are not allowed.
3. Shorts are not allowed.
4. Skorts are not allowed.
5. Children will not be allowed in the courtroom.
6. You must have your picture identification in your possession.
7. You may not enter the premises with weapons of any kind, video or recorders are not allowed also. You will be screened upon entering the premises and any 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 telephones 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.**

STATE OF SOUTH CAROLINA, )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
\_\_\_\_\_ )

IN THE  FAMILY COURT  
 COURT OF COMMON PLEAS

SUMMONS

Plaintiff,

vs.

FILE NO. \_\_\_\_\_

Defendant. )

TO THE DEFENDANT ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this complaint upon the subscriber, at the address shown below, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

\_\_\_\_\_, South Carolina

\_\_\_\_\_  
Plaintiff/Attorney for Plaintiff

Dated: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF SOUTH CAROLINA, )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Plaintiff )

vs. )

\_\_\_\_\_  
Defendant. )

IN THE FAMILY COURT

JUDICIAL CIRCUIT

**MOTION AND AFFIDAVIT TO  
PROCEED IN FORMA PAUPERIS**

FILE NO. \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that I am the Plaintiff and that I do not have the funds available to pay the costs of filing and service in the present matter. I hereby request that the complaint be filed and service made without costs.

Sworn to and Subscribed before me )  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. )

\_\_\_\_\_  
Notary Public for South Carolina )

My Commission expires \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Plaintiff or  
Person Filing Complaint on Behalf of  
Plaintiff

**ORDER**

Leave is *granted* to proceed in forma pauperis.

Leave is *denied* to proceed in forma pauperis. This case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before \_\_\_\_\_. (Family Court Only)

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
JUDGE/CLERK OF COURT

\_\_\_\_\_, South Carolina

NOTICE TO PLAINTIFF: The Court may assess costs against either party at hearing.

STATE OF SOUTH CAROLINA )  
COUNTY OF ORANGEBURG )  
)  
)  
\_\_\_\_\_)  
PLAINTIFF )  
)  
VS. )  
)  
\_\_\_\_\_)  
DEFENDANT )

IN THE FAMILY COURT

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

**PETITION FOR SUPPORT REDUCTION**

TO THE FAMILY COURT OF THE FIRST JUDICIAL CIRCUIT:

1. The Petition of \_\_\_\_\_, whose address is \_\_\_\_\_ respectfully shows.

2. That he is/was the husband of \_\_\_\_\_, the Defendant named herein, whose address is \_\_\_\_\_ said Defendant on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
(City) (County) (State)  
(Strike if not applicable)

3. That the Plaintiff is the father of the following named dependants:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- of whom they said Defendant is the mother.

4. That on \_\_\_\_\_, 20\_\_\_\_, the Family Court of \_\_\_\_\_ County ordered Plaintiff to pay \_\_\_\_\_ per \_\_\_\_\_ child support and/or alimony and that the following changes in his financial circumstances have occurred since the last support order of this court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. That he/she states they do/do not have any other cases. If so, please list case numbers(s): \_\_\_\_\_

WHEREFORE, Plaintiff requests a reduction of child support payments and prays for such an Order of Support as shall be deemed to be fair and reasonable, and for such other further relief as the law provide.

\_\_\_\_\_  
Plaintiff

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 <sup>1</sup>		
Overtime, Tips, Commission, Bonuses <sup>2</sup>		
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):		
<b>TOTAL GROSS MONTHLY INCOME</b>		

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

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

**Installment Loan Payments Section**

Creditor	For	Monthly Payment	Balance	Owed by <sup>16</sup>

**Other Debts and Obligations *not* payable in monthly installments**

<b>Creditor</b>	<b>For</b>	<b>Date Payable</b>	<b>Balance</b>	<b>Owed by <sup>16</sup></b>

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.

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**All Marital Property Known to Parties**

<b>Assets</b>	<b>Husband/Father</b>	<b>Wife/Mother</b>	<b>Joint</b>
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 <sup>17</sup>			
<b>TOTAL ASSETS</b>			

**Any Non Marital Property Known to Parties**

<b>Description of Asset</b>	<b>Title Owner</b>	<b>Date of Acquisition</b>	<b>Source of Funds to Acquirer</b>	<b>Estimate Present market Value</b>

**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 Section<sup>18</sup>**

<b>Owner</b>	<b>Name of Institution</b>	<b>Type of Account</b>	<b>Balance</b>



**Voluntary Retirement Accounts and Pension Accounts Section**

Type of Account	Value

**Publicly Held Stocks, Bonds, Securities, Mutual Funds Section (Non-Retirement)<sup>19</sup>**

Name of Company	Number of Shares/Type of Account	Value

**Real Estate Section<sup>20</sup>**

Owner	Address	Value	Mortgage Balance	Mortgage Equity

**Other Property Section<sup>17</sup>**

Owner	Description of Asset	Value	Loan Balance	Equity

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
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: (    ) \_\_\_\_\_