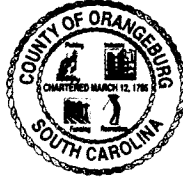


Orangeburg County Clerk of Court Office

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

TEMPORARY SUSPENSION MEDICAL WITH DOCTOR'S STATMENT (NO FILING 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 _____)
)
_____)
Plaintiff,)
)
vs.)
)
_____)
Defendant.)

IN THE FAMILY COURT
 COURT OF COMMON PLEAS

SUMMONS

FILE NO. _____

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 ORANGEBURG)

IN THE FAMILY COURT

)

_____)

PLAINTIFF)

PETITION TO TEMPORARILY SUSPEND SUPPORT

)

VS.)

_____)

DEFENDANT)

1. The Defendant is under a previous Order to pay support through this Court to

2. That (s)he is presently current /in arrears with his/her support payments.

3. That the Plaintiff would like to have his/her support obligation temporarily suspended.

WHEREFORE, Plaintiff respectfully requests this Court to review the matter herein and temporarily suspend the support payments.

Plaintiff

SWORN TO AND SUBSCRIBED BEFORE ME

This _____ day of _____ 2009

Notary Public for South Carolina

My Commission Expires: _____

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: () _____

STATE OF SOUTH CAROLINA)

IN THE FAMILY COURT

COUNTY OF _____)

JUDICIAL CIRCUIT

Plaintiff)

vs.)

NOTICE OF HEARING
(GENERAL)

Defendant.)

FILE NO. _____

TO: _____

A hearing has been set in the above entitled action for the _____ day
of _____, _____ at _____ o'clock _____.

You are hereby notified to be present in the _____ County Family
Court at the aforesaid time.

_____, South Carolina

FAMILY COURT JUDGE/CLERK OF COURT

Dated: _____

Address of Family Court:

_____ S. C.

Courtroom: _____

Time Allotted: _____

NOTICE TO ATTORNEY OR PARTY REQUESTING HEARING: Unless otherwise ordered by the court, you are required to notify opposing counsel (or parties, if unrepresented by counsel), attorneys for guardians ad litem (or guardians ad litem, if unrepresented by counsel) of this hearing.