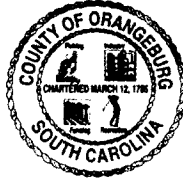


Orangeburg County Clerk of Court Office

WINNIFA B. CLARK
CLERK OF COURT

YOJUANA T. CREWS
DEPUTY CLERK OF COURT

SANDRA P. OWEN
DEPUTY CLERK OF COURT



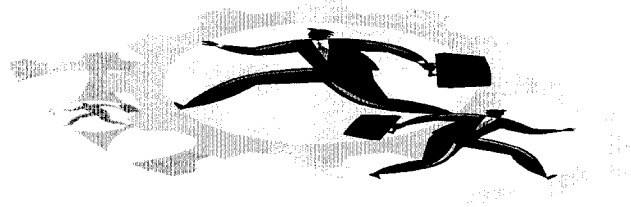
PO Box 9000
ORANGEBURG, SC 29116-9000
PHONE: (803) 533-6260
FAX: (803) 534-3848

VISTATION CONTEMPT: CUSTODIAL PARENT (\$25 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 ATTACHED A PICTURE IDENTIFICATION

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

JUDICIAL CIRCUIT

RULE TO SHOW CAUSE

FILE NO. _____

TO _____:

Based upon the attached affidavit, it appears that you have not obeyed certain court Order(s), as described in the affidavit. Therefore,

IT IS ORDERED THAT YOU APPEAR BEFORE THE _____ COUNTY FAMILY COURT on _____, 20____, at ____:____ o'clock, __.M. then and there to be prepared to show cause, if any, why the relief requested in the affidavit should not be granted and why you should not be held in contempt of court for such disobedience.

_____, 20 _____
_____, S.C.

(Clerk of court may issue Rule to Show Cause for the Court, on non-discretionary matters, such as failure to pay child support)

FAMILY COURT JUDGE/CLERK OF COURT
ADDRESS OF COURT: _____
_____, S.C.
COURTROOM: _____

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)

IN THE FAMILY COURT

JUDICIAL CIRCUIT

Plaintiff)

vs.)

AFFIDAVIT FOR CITATION FOR CONTEMPT
OF COURT (VISITATION - FOR USE BY
CUSTODIAL PARENT)

Defendant.)

FILE NO. _____

Personally appeared before me _____ who being duly sworn, states that:

1. I have custody of the minor child(ren)[provide names and ages]: _____

_____ by order of the
Family Court dated _____, 2____, a copy of which is attached to and by reference made a part
of this affidavit.

2. The court order provided _____ with specific periods of
visitation, as follows: _____

[check 3a or 3b below, whichever applies, and provide information]

3a. _____ refused to return the child(ren) to my custody at the end of the visitation period
on _____, 2____ at the required time. The child is now in my custody,
however; or

3b. _____ has refused to return the child(ren) to my custody at the end of the visitation
period on _____, 2____ at the required time, and still has physical possession
of the child(ren), and I request the court to order him/her to return the child(ren) to me.

4. To insure the return of the child(ren) to me after visitation, I believe the provisions in the court order regarding visitation
should be modified as follows: _____

(If no modification is needed, state "None".)

Sworn to and Subscribed before me)
this _____ day of _____, 2____)

Notary Public for South Carolina)

Affiant

My Commission expires _____)

COPY OF COURT ORDER MUST BE ATTACHED

STATE OF SOUTH CAROLINA)
COUNTY OF ORANGEBURG)
)
)
_____)
PLAINTIFF)
)
VS.)
)
_____)
DEFENDANT)

IN THE FAMILY COURT
CASE NO. _____

AFFIDAVIT

Plaintiff

SWORN TO AND SUBSCRIBED TO BEFORE ME
THIS _____ DAY _____ 2_____

NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: _____

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.

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

Plaintiff(s))
vs.)
)

Defendant(s).)

IN THE FAMILY COURT
 COURT OF COMMON PLEAS
 MAGISTRATE COURT

JUDICIAL CIRCUIT

AFFIDAVIT OF SERVICE

FILE NO: _____

PERSONALLY PREPARED BEFORE ME, the undersigned deponent, who being duly sworn

says that (s)he served the _____ in this action
(Describe document(s) served)

on _____ by delivery to
(Name of party served)

_____ personally;
(Name of party served)

_____, the _____ of the party served,
(Name of person served) (Note relationship to party)

and a person of discretion residing at the residence of the party served;

_____, the _____ of _____
(Name of person served) (Title) (Name of corporate party served)

and leaving with (him) (her) a copy at _____
(Street address)

in _____ County, South Carolina,
(City or Town) _____ County

on _____ at _____ o'clock

that deponent knows the person so served, and that deponent is not a party of this action, is not less than eighteen (18) years of age and has no interest therein or connection therewith.

Unable to locate and serve the above process on the defendant after diligent efforts to do so.

The process is returned unexecuted.

Sworn to and Subscribed before me)
this _____ day of _____, 20____.)

Notary Public for South Carolina)

Signature of Deponent)

My Commission expires _____)

Entered in the Sheriff's Service Book on _____
Book _____ Page _____ Number _____

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: () _____