

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

IN THE FAMILY COURT
____JUDICIAL CIRCUIT

REQUEST FOR HEARING

Plaintiff,)
vs.)
)
)

Defendant.)

Docket No. _____

Plaintiff's Attorney: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Defendant's Attorney: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Guardian ad Litem: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Type of Hearing: Name Change

Time Needed: 15 MINUTES

Dates and Times Unavailable: _____

Child Custody at Issue: ☐ Yes ☐ No

Are Other Issues Contested ☐ Yes ☐ No If yes, explain: _____

If yes to either above, submit a mediation report.

Comments and Issues: _____

Hearing Requested by: _____ Date: _____, 20__

For: ☐ Plaintiff ☐ Defendant

******Section below to be completed by Clerk of Court. ******

The hearing in this matter is scheduled for ____ day of _____ 20__, at ____:____
a.m./p.m., Courtroom _____, before the Honorable
_____ for _____ (length of time).