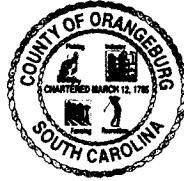


Orangeburg County Clerk of Court Office

WINNIFA B. CLARK
CLERK OF COURT

YOJUANA T. CREWS
DEPUTY CLERK OF COURT

SANDRA P. OWEN
DEPUTY CLERK OF COURT



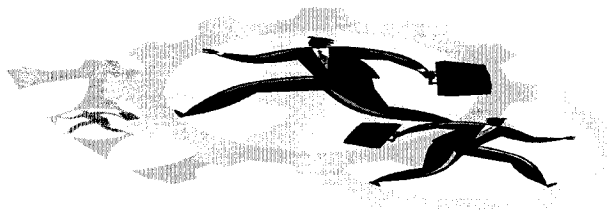
PO Box 9000
ORANGEBURG, SC 29116-9000
PHONE: (803) 533-6260
FAX: (803) 534-3848

CONTEMPT-MEDICAL, MARITAL, ETC. DEBTS **(\$25 FILING FEE)** **(\$3 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

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 _____)

VERIFICATION

_____ and _____, being duly sworn, say that they are the Petitioners herein, and have read the foregoing Petition and know the contents thereof, that the same is true of their own knowledge, except as matters therein stated to be alleged on information and belief; and to those matters they believe them to be true.

SWORN to and Subscribed before me)
)
this _____ day of _____, _____)

Notary Public for South Carolina)

My Commission expires: _____)

Signature of Petitioner

Signature of Petitioner

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)
)
)
(PLAINTIFF))
_____)
PLAINTIFF)
)
VS.)
)
_____)
DEFENDANT)

IN THE FAMILY COURT

PETITION FOR CITATION OF CONTEMPT
(TO USE FOR MEDICAL, MARTIAL OR OTHER DEBTS)

1. (PLAINTIFF)(DEFENDANT) was under a previous Order dated _____
to pay _____ debts listed below:

2. (PLAINTIFF)(DEFENDANT) has failed to pay these debts.
3. Currently (s)he is \$_____ behind in said payments.
4. _____

WHEREFORE (PLAINTIFF) (DEFENDANT) prays

1. That (PLAINTIFF) (DEFENDANT) be held in Contempt of Court for failing to pay said payments.
2. That the Court require (PLAINTIFF) (DEFENDANT) to pay said debts immediately.
3. For such other and further relief as this Court deems just and proper.

Moving Party-(PLAINTIFF) (DEFENDANT)

SWORN TO BEFORE ME THIS
_____ DAY OF _____ 2009.

NOTARY FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: _____

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: () _____

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: () _____