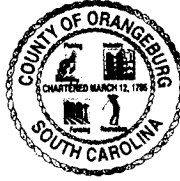


Orangeburg County Clerk of Court Office

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

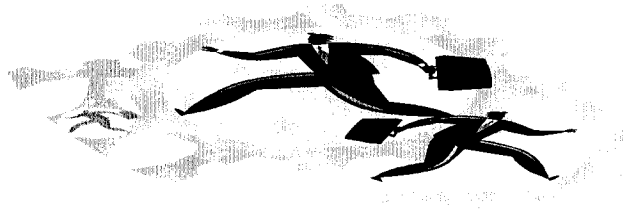
REQUEST REVIEW \$25 FILING FEE & \$3 PROCESSING FEE

1. COMPLETE ALL FORMS. DO NOT LEAVE ANTHING 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.

THIS FORM IS ONLY IF YOU NEED A SENTENCE RECONSIDERED

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 ORANGEBURG)
)
_____)
PLAINTIFF)
)
-VS-)
)
_____)
DEFENDANT)

IN THE FAMILY COURT

PETITION TO PROCEED PRO SE

CASE NO. _____

TO THE FAMILY COURT OF THE FIRST JUDICIAL CIRCUIT:

The petition of _____, whose address is

respectfully shows:

That (s)he does not have funds to employ counsel, and that (s)he wishes to represent himself/herself in an action _____

Plaintiff

STATE OF SOUTH CAROLINA)
)
COUNTY OF ORANGEBURG)

_____, being duly sworn, says that (s) he is the Plaintiff herein,
and that (s) he has read the foregoing petition and knows the contents thereof; that the same is true of his/her knowledge.

SWORN TO AND SUBSCRIBED before me

this _____ day of _____ 200__

Notary Public for South Carolina
My Commission Expires: _____

State of South Carolina)
)
County of Orangeburg)
)
_____)
Plaintiff)
)
vs.)
)
_____)
Defendant)

IN THE FAMILY COURT

CASE NO. _____

PETITION

REQUEST REVIEW

(Plaintiff) (Defendant) was under a previous Order to pay child support.

Plaintiff/Defendant has been incarcerated for _____ months for failure to pay child support.

Plaintiff/Defendant is hereby requesting the Court to review this matter to establish a method of payment since his release from jail.

Wherefore Plaintiff/Defendant prays:

- That this Court review this matter
- That this Court establish a method of payment arrears.
- _____

Moving Party-(Plaintiff/Defendant)

Sworn to Before Me This
_____ Day of _____, 200__

Notary Public for SC
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: () _____