

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )  
 )  
\_\_\_\_\_  
Plaintiff, )  
vs. )  
 )  
 )  
\_\_\_\_\_  
Defendant. )

IN THE FAMILY COURT  
\_\_\_\_JUDICIAL CIRCUIT

**REQUEST FOR HEARING**  
(Child Support Modification)

Docket No. \_\_\_\_\_

**Plaintiff or Attorney for Plaintiff:**  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Other Contact Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Defendant or Attorney for Defendant:**  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_  
Other Contact Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Contested:  Yes  No    Child Custody Issue:  Yes  No

Amount of Time Requested: **30 minutes**

Dates / Times the Plaintiff and/or Defendant is/are UNAVAILABLE (exclude weekends and holidays): See Attached list(s)

Hearing Requested By:  PLAINTIFF     DEFENDANT

COMMENTS / ISSUES: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_, S.C.

\_\_\_\_\_  
Signature

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

The Final Hearing in this matter is scheduled for \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at  
\_\_\_\_:\_\_\_\_  a.m./  p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_.