

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

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**SUPPORT INFORMATION SHEET**

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

Check appropriate box:

- No spousal or child support ordered. (No other items should be completed.)
- If support is ordered to be paid directly or through the Court, **you must complete BOTH pages** (as applicable).

Obligation Type	Child Support	Spousal Support	Other
Amount	\$ _____	\$ _____	\$ _____
Collection Costs (5%)	\$ _____	\$ _____	\$ _____
<b>Payment Frequency</b>			
Payment Start Date	_____, 20____		
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (1st & 16th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (15th & 30th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Arrearage Amount</b>	\$ _____	\$ _____	\$ _____
<b>Wage Withholding</b>			
Required by S.C. Code Ann. §63-17-1420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Custodial Parent (if applicable): \_\_\_\_\_

**\*\*\*\*\*OBLIGOR'S DESIGNATION STATEMENT: PAYMENT OF COURT COSTS\*\*\*\*\***

I acknowledge that S.C. Code Ann. § 63-3-370 requires that I pay and the Family Court has ordered that I pay court costs in an amount equal to five (5) percent of any support payment made through the Clerk of Court or centralized wage withholding system. I owe and will pay these costs in addition to my support obligation.

To meet my duty to pay court costs, I designate an amount equal to five (5) percent of the support payment I make to be applied and distributed in payment of court costs, not support.

I acknowledge the 5% court cost fee will be deducted from every payment made by me or on my behalf.

I acknowledge that should I not pay the full amount due, that an arrearage will accrue and that the Clerk of Court may take enforcement action against me for failure to pay all amounts ordered by the Court.

If an amendment to the law changes the amount of court costs, this designation authorizes deduction of court collection costs in the amount established by law.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Signature of Person paying Support\*\*

**\*\*NOTE TO CLERK: FILE AND PROCESS THIS FORM EVEN IF SIGNATURE OF PERSON PAYING SUPPORT IS NOT PROVIDED.\*\***

# **IDENTIFYING INFORMATION ON THIS PAGE**

## **A. OBLIGEE/PAID TO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## **B. OBLIGOR/PAID BY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## **C. CHILDREN**

<b>CHILDREN'S NAMES</b>	<b>DATE OF BIRTH</b>	<b>SSN</b>
1.		
2.		
3.		
4.		
5.		
6.		

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE