STATE OF SOUTH CAROLINA   )   IN THE FAMILY COURT

COUNTY OF _____   )   _____ JUDICIAL CIRCUIT

)

)

_____)   **SUPPORT ORDER**

                      Plaintiff,)

        vs.   )

)

_____)

              Defendant.)   Docket No. _____

Plaintiff Attorney: _____   Hearing Date: _____

Defendant Attorney: _____   Judge: _____

Guardian ad Litem: _____   Court Reporter: _____

1.☐   The (☐Defendant/☐Plaintiff) shall pay spousal support to the (☐Plaintiff/☐Defendant) in the amount of $_____ per _____ ☐directly or ☐ plus 5% through the State Disbursement Unit (SDU) for the Office of Clerk of Court for _____County, S.C. commencing _____.

2.☐   The (☐Defendant/☐Plaintiff) shall pay child support to the (☐Plaintiff/☐Defendant) in the amount of $_____ per _____ ☐directly or ☐ plus 5% through the State Disbursement Unit (SDU) for the Office of Clerk of Court for _____County, S.C. commencing _____.

for the following children.

<u>Children's Full Names</u>	<u>Date of Birth</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

Other: _____

This order shall remain in effect until further order of this Court.

Date _____,20____

                                                _____

_____,S.C.   Family Court Judge

Support Information Sheet (SCCA 446) must accompany this Order.

Custodial Parent (if applicable): _____

SCCA 432 (10/2018)