

STATE OF SOUTH CAROLINA)
)
COUNTY OF)
)
)
)
Plaintiff,)
)
)
vs.)
)
)
)
Defendant.)
)
_____)

IN THE FAMILY COURT

REQUEST FOR HEARING

CASE #

Attorney for Plaintiff: _____
Office Address: _____
Telephone: _____ Fax: _____
E-Mail Address: _____

Attorney for Defendant: _____
Office Address: _____
Telephone: _____ Fax: _____
E-Mail Address: _____

GAL: _____
Office Address: _____
Telephone: _____ Fax: _____
E-mail Address: _____

TYPE CASE: _____ TIME NEEDED: _____

Is custody contested: () YES () NO If yes, add GAL information above
Are other issues contested? () YES () NO

If yes to either of the above, submit The Report of Mediator or Order Appointing Mediator.

Comments: _____

Hearing Requested By: _____ Date: _____

For: () Plaintiff () Defendant

Dates & Time Unavailable: _____



COUNTY FAMILY COURT: FOR COURT USE ONLY
HEARING NOTICE BY FAX

PURSUANT TO YOUR REQUEST, THE ABOVE MATTER HAS BEEN SET FOR A
HEARING ON

_____ at _____ JUDGE: _____

TIME ALLOTTED: _____