

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

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

**FINAL SUPPORT ORDER**

Docket No. \_\_\_\_\_  
 Hearing Date: \_\_\_\_\_  
 Judge: \_\_\_\_\_  
 Court Reporter: \_\_\_\_\_  
 Plaintiff Attorney: \_\_\_\_\_  
 Defendant Attorney: \_\_\_\_\_  
 Guardian ad Litem: \_\_\_\_\_

AT A HEARING held on the date shown above, the Court determined it has jurisdiction over the subject matter and the parties in this action. The Court considered facts and circumstances which may have included both parties' incomes, abilities to pay, education, expenses and assets, needs of the children and their standard of living. Based on this evidence, the Court makes these findings of fact.

- This Court has jurisdiction over the subject matter and the parties in this action.
- The following dependent(s) are children of the Defendant and are in need of financial support:

Child's Name	Date of Birth	Child's Name	Date of Birth

**Paternity**

- The Defendant admits to being the parent of the dependent child(ren) listed above. By this Order, the Defendant is found to be the parent of and owes a duty of support to these child(ren).
- Paternity tests were conducted for the child(ren) on ( / / ). The paternity tests indicate a \_\_\_\_\_% probability of paternity of the Defendant for the above-named child(ren). By this Order, the Defendant is found to be the father of and owes a duty of support to these child(ren).

**Income and Expenses**

- The Defendant's gross income is \$\_\_\_\_\_ per \_\_\_\_\_.
- The Plaintiff's gross income is \$\_\_\_\_\_ per \_\_\_\_\_.
- Day care expenses for the child(ren) are \$\_\_\_\_\_ per \_\_\_\_\_.
- The cost of insurance is \$\_\_\_\_\_ per \_\_\_\_\_ which is paid by the \_\_\_\_\_.
- Defendant contributes \_\_\_\_\_ in support for \_\_\_\_\_ other children.

State Disbursement Unit (SDU) payments are only applicable in counties that have implemented the Palmetto Automated Child Support System (PACSS). This form is only approved for use in counties using PACSS.

**Child Support**

- 10.  A prior order in this case dated from \_\_\_\_\_ required the Defendant to pay \$\_\_\_\_\_ per \_\_\_\_\_ in support for his/her child(ren).
- 11.  The Defendant owes a child support arrearage of \$\_\_\_\_\_ in this case.
- 12.  S.C. Child Support Guidelines show the total combined child support obligation to be \$\_\_\_\_\_ per month and would require Defendant to provide Plaintiff \$\_\_\_\_\_ per month towards child support.  
 There are no facts warranting significant deviation from the guidelines except as noted:

**IT IS THEREFORE ORDERED:**

- A. Defendant is declared the parent of the above named child(ren).
- B.  The Defendant owes a child support arrearage of \$\_\_\_\_\_ in this case.
- C.  The Defendant shall pay ongoing child support payments of \$\_\_\_\_\_, plus \$\_\_\_\_\_ towards the arrearage, plus five percent (5%) court costs, for a total payment of \$\_\_\_\_\_ per \_\_\_\_\_, beginning \_\_\_\_\_.
- D. Each payment shall be made payable to the State Disbursement Unit (SDU)\* for \_\_\_\_\_ County Family Court, shall contain the Family Court file number and the Defendant’s full name.
- E. The Defendant’s child support obligation shall continue until the child support/arrears are fully paid.
- F. The Defendant shall pay the amount as ordered until the minor child(ren) are emancipated or until further order of the Court. This does not prevent anyone from seeking a post-secondary education support order.
- G. Failure to pay child support obligations may result in, but is not limited to, an action for contempt of court which may be punishable by a fine or imprisonment. Further, a bench warrant may be issued for your arrest.

**Income Withholding**

- H.  Income withholding is ordered pursuant to S.C. Code Ann. § 63-17-1420 or
- I.  Wage withholding is not ordered due to good cause.

**Health Insurance**

- J.  Defendant shall provide and maintain health insurance coverage for the children and shall provide proof of coverage to \_\_\_\_\_ by ( / / ). The Defendant agrees to notify \_\_\_\_\_ when health insurance is changed.
- K.  Health insurance is not reasonably available.
- L.  Defendant shall pay \_\_\_\_\_ % of all unreimbursed health expenses in excess of \$250.00 per year per child. The Plaintiff shall be responsible for all remaining unreimbursed health expenses.

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**Title IV-D (Department of Social Services) Child Support Case:**

M.  This case is a Title IV-D (Department of Social Services) child support case and is subject to the following:

- Defendant shall pay \$\_\_\_\_\_ for the cost of paternity test by ( / / ). Payment shall be made to the attention of Child Support Enforcement Division, P.O. Box 1520, Columbia, SC 29202-1520.
- The Qualified Medical Child Support Order(s) shall be submitted as needed.
- Failure to pay child support obligations may result in, but is not limited to, any or all of the following actions: revocation of any license you hold, reporting of your delinquent status to the credit bureau, interception of your federal and state income tax refunds, and/or interception of any other payment due to you from the federal government.
- Any party may request, in writing, a review of his/her child support order for possible adjustment thirty-six (36) months from the date of this order or thirty-six (36) months from the date of the last review of this order. A written request for review must be made to the S.C. Department of Social Services, Child Support Enforcement Division.

N. Pursuant to the Uniform Interstate Family Support Act, S.C. Code Ann. §§ 63-17-2900 et seq., this State has continuing, exclusive jurisdiction to modify this Order.

O. All future notices or correspondence shall be sent to the Plaintiff and Defendant at the addresses on file with the Court. The Plaintiff and Defendant shall advise the Court, within ten (10) days, of every change in mailing address or employment. Failure to do so can result in future hearings held in your absence.

P.  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_  
Family Court Judge

\_\_\_\_\_, S.C.

Copy mailed to / accepted by Plaintiff \_\_\_\_\_ on \_\_\_\_\_ (date)

Copy mailed to / accepted by Defendant \_\_\_\_\_ on \_\_\_\_\_ (date)

Send **support** payments to (address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide** address updates to:  
Clerk of Court, \_\_\_\_\_ County  
\_\_\_\_\_  
\_\_\_\_\_