STATE OF SOUTH CAROLINA	IN THE FAMILY COURT
COUNTY OF	JUDICIAL CIRCUIT
Plaintiff, vs.	AFFIDAVIT OF ARREARS O
Defendant.) Docket No
DIRE	CCTIONS
each year.4. If your support order requires that the bills, you may include these on your Affid support. Attach copies of these bills, if y claim.	s the total BALANCE. vit is calculated by adding the balance columns for Plaintiff/ Defendant pay medical and/or dental avit. Calculate these separately from your ongoing you have them, to your Affidavit to support your y pay records that a court or other collection entity t to the support order.
•	IDAVIT
, wh following attachment, incorporated herein by r balances due her/him, as obligee, based on the, dated	to being duly sworn, states under oath that the eference, is a schedule of support payments and order entered in the State of
beginning,	due and owing as arrears from the period and ending,
Sworn to before me this, 20	
Notary Public for South Carolina	Signature of Affiant
My Commission expires, 20 Custodial Parent (if applicable):	

Year:	ON-GOING SUPPORT		COURT ORDERED PAYMENT OF MEDICAL AND/OR DENTAL BILLS			
Month	(A) Amount Due	(B) Amount Paid	(C) Balance (A) - (B) =(C)	(D) Amount Due	(E) Amount Paid	(F) Balance (D) - (E) = (F)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTALS						

Year:	ON-GOING SUPPORT			COURT ORDERED PAYMENT OF MEDICAL AND/OR DENTAL BILLS			
Month	(A) Amount Due	(B) Amount Paid	(C) Balance (A) - (B) =(C)	(D) Amount Due	(E) Amount Paid	(F) Balance (D) - (E) = (F)	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
TOTALS							

ŀ	age #	of an attachment containing	g # of pages.	(INITIALS	OF AFFIANT