

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)

Plaintiff,)
)
vs.)
)

Defendant.)

IN THE FAMILY COURT
____ JUDICIAL CIRCUIT

**MOTION AND ORDER
TO TRANSFER SUPPORT
COLLECTIONS RESPONSIBILITIES**

Docket No. _____

I, (Plaintiff/Defendant), ask this Court to transfer support collection responsibilities from the Clerk of Court for this County to the Clerk of Court for _____ County, S.C., because:

1. An order dated (/ /), on file with the Clerk of Court for _____ County, requires the defendant to pay support through the State Disbursement Unit (SDU)* for the Clerk of Court.
2. The plaintiff resides in _____ County, _____. The defendant resides in _____ County, _____.
3. It would be more convenient for both parties to have support payments processed through the State Disbursement Unit (SDU)* for the Office of Clerk of Court for _____ County, S.C.

Based on these facts, I ask the Court to issue an Order requiring the Clerk of Court of this County to transfer a certified copy of support collection records to the Clerk of Court of _____ County, S.C., and require the receiving Clerk of Court to perform all functions required of that office for the collection, distribution and enforcement of support obligations. If the other party has not consented to this transfer, I request the Clerk of Court of this County to first schedule a hearing and notify me and the other party of the time and date of hearing.

Custodial Parent (if applicable): _____

I CONSENT:

(Plaintiff/Defendant)

ORDER

- Upon consent of the parties; or
- After hearing the evidence on (/ /), I find that it would be more convenient for both parties to have support payments processed through the Office of Clerk of Court for _____ County, S.C.

THEREFORE, IT IS ORDERED that the Clerk of Court for this County transfer a certified copy of the support collection records to the Clerk of Court of _____ County S.C., and require the receiving Clerk of Court to perform all functions required of his/her office for the collection, distribution and enforcement of support obligations.

Date: _____, 20____
_____, S. C.

Family Court Judge

NOTICE OF HEARING FORM SHOULD BE ATTACHED IF CONSENT OF OTHER PARTY IS NOT OBTAINED

*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. SCCA 447 (10/2018)