

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
A JUVENILE)
)
_____)
)
)
A Child under Eighteen (18) Years of Age)

IN THE FAMILY COURT
____ JUDICIAL CIRCUIT

**NOTICE OF CHARGES
AND OF
YOUR RIGHT TO AN ATTORNEY**

Docket No. _____

TO: _____, Parent(s) or Guardian(s) of the above named child.

TAKE NOTICE: As required by Section 63-19-1030 of the Code of Laws of South Carolina, 1976, you are hereby notified that a Hearing will be held at The Family Court in _____, South Carolina, at ____:____ (a.m./ p.m.), on (/ /) (date), at which time the following specific charges against your child will be considered.

FURTHER TAKE NOTICE: YOUR CHILD HAS A RIGHT TO BE REPRESENTED BY AN ATTORNEY. THE COURT MAY APPOINT AN ATTORNEY AND ASSESS COSTS AGAINST YOU. IF YOU DESIRE TO HAVE AN ATTORNEY REPRESENT YOUR CHILD AND IF YOU ARE NOT ABLE TO EMPLOY AN ATTORNEY, THEN SIGN IN THE APPROPRIATE BLANK BELOW, AND THE COURT WILL APPOINT AN ATTORNEY TO REPRESENT YOUR CHILD OR PROVIDE FOR YOU THE SERVICES OF THE PUBLIC DEFENDER.

Clerk of Court/Indigency Screener

I understand that I have the right to have an Attorney represent my child. I am financially able to employ an Attorney to represent my child. If I desire to have an Attorney represent my child, I will be responsible for arranging for an Attorney to represent my child. I understand that if I do not make arrangements for representation of my child by an attorney, the court may appoint an attorney, and assess costs against me.

Witness

PARENT(S) OR GUARDIAN(S)

Date: _____

I understand that I have the right to have an Attorney represent my child. I am not financially able to employ an Attorney to represent my child. I request that the Court appoint an Attorney to represent my child or provide my child with the services of the Public Defender. I understand that the court may assess costs against me.

Witness

PARENT(S) OR GUARDIAN(S)

Date: _____