

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

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

**SUPPORT INFORMATION SHEET**

Docket No. \_\_\_\_\_

Check appropriate box:

- No spousal or child support ordered. (No other items should be completed.)
- If support is ordered to be paid directly or through the Court, **you must complete BOTH pages** (as applicable).

Obligation Type	Child Support	Medical Support	Spousal Support
Amount	\$ _____	\$ _____	\$ _____
Collection Costs (5%)	\$ _____	\$ _____	\$ _____
<b>Payment Frequency</b>			
Payment Start Date	_____, 20____		
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (1st & 16th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-monthly (15th & 30th)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Arrearage Amount</b>	\$ _____	\$ _____	\$ _____
<b>Wage Withholding</b>			
Required by S.C. Code Ann. §63-17-1420	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Custodial Parent (if applicable): \_\_\_\_\_

**OBLIGOR'S DESIGNATION STATEMENT: PAYMENT OF COURT COSTS**

I acknowledge that if ordered to pay support through the court, now or in the future, S.C. Code Ann. § 63-3-370, as amended, requires that I pay court collection costs in an amount equal to five (5) percent of any support payment.

If support is paid through the Court or through a centralized wage withholding system, I designate that an amount equal to five (5) percent of my support payments be applied and distributed in payment of court collection costs, not support. I authorize the deduction of the fee from every payment made by me or on my behalf.

I acknowledge that should I not pay the full amount due, that an arrearage will accrue and that the Clerk of Court may take enforcement action against me for failure to pay all amounts ordered by the Court.

If an amendment to the law changes the amount of court collection costs, this designation authorizes deduction of court collection costs in the amount established by law.

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

\_\_\_\_\_  
 Signature of Person paying Support

# **IDENTIFYING INFORMATION ON THIS PAGE**

## **A. OBLIGEE/PAID TO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## **B. OBLIGOR/PAID BY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Scars: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License Issuing State: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## **C. CHILDREN**

<b>CHILDREN'S NAMES</b>	<b>DATE OF BIRTH</b>	<b>SSN</b>
1.		
2.		
3.		
4.		
5.		
6.		

\_\_\_\_\_  
PREPARED BY TITLE DATE