

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
)
)

) Plaintiff,
)
 vs.)
)
)
)

) Defendant.)

IN THE FAMILY COURT

JUDICIAL CIRCUIT

SUPPORT ORDER

Docket No. _____

Plaintiff Attorney: _____ Hearing Date: _____
Defendant Attorney: _____ Judge: _____
Guardian ad Litem: _____ Court Reporter: _____

- 1. The (Defendant/Plaintiff) shall pay spousal support to the (Plaintiff/Defendant) in the amount of \$_____ per _____ (directly / plus 5% through the Office of the Clerk of Court for _____ County, S.C.) commencing (/ /).
- 2. The (Defendant/Plaintiff) shall pay child support to the (Plaintiff/Defendant) in the amount of \$_____ per _____ (directly / plus 5% through the Office of the Clerk of Court for _____ County, S.C.) commencing (/ /) for the following children.

<u>Children's Full Names</u>	<u>Date of Birth</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

Other: _____

This order shall remain in effect until further order of this Court.

Date _____, 20____
_____, S.C. _____
Family Court Judge

Support Information Sheet (SCCA 446) must accompany this Order.

Custodial Parent (if applicable): _____