

GUIDELINES FOR VISITATION PAPERWORK

1. Summons
2. Complaint (visitation)
3. In Forma Pauperis (optional)
4. Financial Declaration (only if In Forma Pauperis is used)
5. Notice of Motion (only if temporary hearing is needed)
6. Notice of Hearing (Defendant must have 30 days notice after date of service
Of papers)
7. Data Form (showing addresses, employers, etc.)

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF SUMTER

SUMMONS

PLAINTIFF

FILE NO. _____

VS.

DEFENDANTS

TO: THE DEFENDANT(S) ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this complaint upon the subscriber, at the address shown below, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

Sumter, South Carolina

Plaintiff

Dated: _____

Address: _____

Telephone: _____

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF SUMTER

MOTION AND AFFIDAVIT TO SUE
INFORMA PAUPERIS

PLAINTIFF

-VS-

DEFENDANT

FILE NUMBER _____

I, _____, being duly sworn,
state that I am (the Plaintiff) (making this Petition on behalf of the Plaintiff) and that the
Plaintiff does not have the funds available to pay the cost of the filing and service in the
present matter. I hereby request that the Petition be filed and service made without cost.

Subscribed and Sworn to before me this _____ day
of _____, _____.

NOTARY PUBLIC
STATE OF SOUTH CAROLINA

Signature of Plaintiff or Person
Filing Petition on Behalf of Plaintiff

My Commission Expires: _____

ORDER

Leave (Granted) (Denied) to proceed in forma pauperis.

DATED: _____

JUDGE, SUMTER FAMILY COURT

_____ County, South Carolina

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT
THIRD JUDICIAL CIRCUIT

COUNTY OF SUMTER

PLAINTIFF

COMPLAINT
(For Visitation)

VS.

Docket No. _____

DEFENDANT

The Plaintiff complaining of the Defendant would show the Court as follows:

1. That the Plaintiff resides at _____
in _____ County and State of _____.

2. That the Defendant resides at _____
in _____ County and State of _____.

3. That the Plaintiff is father/mother of the following named child or children:

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____

4. That said children are in the care and custody of the said Defendant.

5. That the Plaintiff is desirous of exercising visitation with said children and Defendant has refused permission for me to do so.

WHEREFORE, the Plaintiff prays to the Court that visitation be provided in this matter.

_____, S.C.

Plaintiff
Telephone _____

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT
THIRD JUDICIAL CIRCUIT

COUNTY OF SUMTER

PLAINTIFF

VS.

NOTICE OF MOTION
Docket No. _____

DEFENDANT

TO THE DEFENDANT ABOVE NAMED:

PLEASE TAKE NOTICE that the Plaintiff herein will move before this Court on the ____ day of _____, _____, at _____ ____,M. at 108 North Magnolia Street, Sumter, South Carolina, for the following relief:

1. _____
2. _____
3. _____

That said motion is supported by the attached Complaint and other documents constituting the record and file in this case.

Plaintiff

Address

Telephone No.

_____, S. C.

_____, _____

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT

COUNTY OF SUMTER

THIRD JUDICIAL CIRCUIT

PLAINTIFF

VS.

NOTICE OF HEARING
(GENERAL)

DEFENDANT

FILE NO. _____

TO: _____

A hearing has been set in the above entitled action for the ____ day of _____,
_____ at _____ o'clock _____.M.

You are hereby notified to be present in the Sumter County Family Court at the aforesaid
time.

_____, South Carolina

FAMILY COURT JUDGE/CLERK OF COURT

DATED: _____

Address of Family Court:

_____ S. C.

Court room: _____
Time Allotted: _____

NOTICE TO ATTORNEY OR PARTY REQUESTING HEARING: Unless otherwise
ordered by the court, you are required to notify opposing counsel (or parties, if
unrepresented by counsel), attorneys for guardians ad litem (or guardians ad litem, if
unrepresented by counsel) of this hearing.

SCCA 411 (5/02)

STATE OF SOUTH CAROLINA

IN THE FAMILY COURT
THIRD JUDICIAL CIRCUIT

COUNTY OF SUMTER

FINANCIAL DECLARATION

PLAINTIFF

OF _____

VS.

FILE NO. _____

DEFENDANT

Husband:

Wife:

Address:

Address:

Age: Social Security No.:

Age Social Security No.:

Occupation:

Occupation:

Employer:

Employer:

Employment Address:

Employment Address:

PART A: INCOME AND EXPENSE STATEMENT

Husband

Wife

(a) Gross monthly income from:

Salary and wages (including commissions,
bonuses and overtime) payable weekly/
Monthly/etc. _____

\$ _____ \$ _____

Pensions and retirement _____

Social Security _____

Disability and unemployment insurance _____

Public assistance (AFDC payments, etc.) _____

Child/Spousal support (prior marriage, etc.) _____

Dividends and interest _____

Rents _____

All other sources: (Specify) _____

TOTAL MONTHLY INCOME

\$ _____ \$ _____

(b) Itemize deductions from gross income:

Income taxes (state and federal) _____

Social Security _____

Disability insurance _____

Medical or other insurance _____

Union or other dues _____

Retirement or pension fund _____

Savings plan _____

Other (Specify) _____

TOTAL DEDUCTIONS

\$ _____ \$ _____

© Net monthly income _____

Estimated monthly expenses: (Specify which party is the custodial parent and list name and relationship of all members of the household whose expenses are included)

	Husband	Wife
Rent (residence)_____	\$ _____	\$ _____
Note or mortgage payments (residence)_____	_____	_____
Real property taxes (residence)_____	_____	_____
Real property insurance (residence)_____	_____	_____
Maintenance (residence)_____	_____	_____
Food and household supplies_____	_____	_____
Utilities_____	_____	_____
Telephone_____	_____	_____
Laundry and cleaning_____	_____	_____
Clothing_____	_____	_____
Medical_____	_____	_____
Dental_____	_____	_____
Insurance (life, health, accident, etc.)_____	_____	_____
Child care_____	_____	_____
Payment of child/spousal support (prior marriage, etc.)_____	_____	_____
School_____	_____	_____
Entertainment_____	_____	_____
Incidentals_____	_____	_____
Auto expenses (insurance, gas, oil, repair)_____	_____	_____
Auto payments_____	_____	_____
Other Installment payment (s) (Insert total here and itemize below)_____	_____	_____

Creditor's Name	For	Monthly payment	Balance

Other (Specify)

TOTAL EXPENSES \$ _____ \$ _____

Other debts and obligations not payable in monthly installments

Creditor's Name	For	Date Payable	Balance

All property of the parties known to me includes the following:

Cash on hand	_____	\$ _____	\$ _____
Money in checking accounts	_____	_____	_____
Money in savings accounts	_____	_____	_____
Money in credit union	_____	_____	_____
Money in other accounts or deposits	_____	_____	_____
Retirement or pension fund	_____	_____	_____
Life insurance cash value	_____	_____	_____
Value of any stocks & bonds	_____	_____	_____
Value of real estate	_____	_____	_____
Value of all other property	_____	_____	_____

TOTAL PROPERTY \$ _____ \$ _____

Sworn to and subscribed before me

this ____ day of _____, _____

Notary Public for South Carolina

Signature

My omission Expires: _____

