

STATE OF SOUTH CAROLINA)
)
 COUNTY OF GREENVILLE)
)
 VALERIE BLACKWELL)
 _____)
 Plaintiff,)
 vs.)
)
 JAY MARSTEN)
 _____)
 Defendant.)

IN THE FAMILY COURT
 THIRTEENTH JUDICIAL CIRCUIT

SUPPORT INFORMATION SHEET

Docket No. 2013-DR-23-3032

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%)	\$	\$	\$
Payment Frequency			
Payment Start Date			
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"/>
Total Arrearage Amount	\$	\$	\$
Wage Withholding			
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"/>

Name of 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**

****NOTE TO CLERK: FILE AND PROCESS THIS FORM EVEN IF SIGNATURE OF PERSON PAYING SUPPORT IS NOT PROVIDED.****

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

CHILDREN'S NAMES	DATE OF BIRTH	SSN
1.		
2.		
3.		
4.		
5.		
6.		

PREPARED BY

TITLE

DATE