

# South Carolina Name Change Request Packet

This packet was created in an effort to assist people in navigating the sometimes overwhelming process of undergoing a legal name change in the state of South Carolina.

The process varies by state, so if you do not reside in South Carolina, please check with an attorney in your area to see what state-specific forms you may need.

The Clerk of Court's Staff CANNOT provide you with any legal advice nor can they assist you in completing these forms. These forms have to be fully completed or they will not be accepted by the Clerk of Court's office or the Judge. You are acting as your own attorney by filing Pro Se, and you will need to know the steps involved in having your legal action move through the court system. Once you file the paperwork, the follow-up steps will be your responsibility. You will not receive any instructions from the Clerk of Court's Office in this process. The following number may be of assistance to you:

SC Legal Services    1-888-346-5592

\*\*\* DISCLAIMER: This document provides information pertaining to legal issues, it is not legal advice. Moreover, due to the rapidly changing nature of the law and our reliance on information provided by outside sources, we make no warranty or guarantee.

**What you'll need:** DSS Form 3072, SLED Records Check Form, Fingerprint Card, Petition for Name Change, Social Security Form (ss-5), Affidavit of No Convictions, Child Support/Alimony Affidavit, Family Court Cover Sheet, Copy of Birth Certificate, Hearing Request.

**Total Cost:** Approximately \$200, plus attorney fees if you choose to hire one.

**Steps:**

- ❖ Contact SLED at (803) 896-1443 and request a Name Change Packet, which will include the Records Check Form (enclosed) and Fingerprint Card. These will come in the mail.
- ❖ When packet arrives in the mail, take Fingerprint Card to local law enforcement center with \$10.00 and get fingerprints done.
- ❖ Fill out the SLED forms and mail them, the fingerprint card and \$25.00 to the address provided on the paperwork. (make sure you send a self-addressed stamped envelope)
- ❖ Fill out the DSS Form 3072 and mail with \$8.00 to the address provided on the paperwork.
- ❖ Forms will be returned in the mail.
- ❖ Fill out the Family Court Coversheet, Petition for Name Change, Child Support/Alimony Affidavit, Verification, Copy of Birth Certificate and Hearing Request.
- ❖ Take all documents (*original and 1 copy*) along with \$150.00 filing fee to clerk's office at your local family court. (*filing fee is \$150.00 cash, check or money order*)
- ❖ A court date will be appointed to you.
- ❖ Bring to Court: Your copy of all forms and the Order of Name Change
- ❖ Once name change order has been issued, take the order to Vital Records, DMV and Social Security Office. Fees may apply.

# Checklist for Name Change Request

- \_\_\_\_\_ SLED background check with completed fingerprint card
- \_\_\_\_\_ Affidavit on conviction of crimes in any other name (should be submitted with SLED form)
- \_\_\_\_\_ DSS child abuse and neglect registry check
- \_\_\_\_\_ Affidavit concerning any outstanding domestic support orders
- \_\_\_\_\_ File Petition for Name Change, with SLED, DSS, copy of birth certificate & Affidavit attached
- \_\_\_\_\_ Submit Hearing Request
- \_\_\_\_\_ Submit Order w/ supporting documentation (in Court)

## **Required Fees:**

- Filing fee \$150.00
- Fingerprints \$10.00
- SLED check \$25.00
- DSS check \$8.00

Total Fees: \$193.00

Cost of new birth certificate varies by state.

# Name Change Information

1. You must be fingerprinted by a local law enforcement agency. The fingerprint card must be filed out completely.
2. As specified by Section 15-49-20 of the South Carolina Code of Law; the attached Affidavit must be completed and notarized before submitting to SLED.
3. Please complete Records Check Name Change Form CJ-022.
4. Twenty-five dollar (\$25.00) fee. PAYMENT MUST BE MADE TO SLED BY BUSINESS CHECK (SOUTH CAROLINA ONLY), CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER FOR THE CORRECT AMOUNT ONLY. \*CASH WILL NOT BE ACCEPTED.
5. You must inclose a self-addressed postage paid envelope or the return of your request(s) may be delayed.

"Criminal history reports contain records of arrest and convictions made by the state and local agencies in South Carolina only."

SLED Records Section has been closed to the public since December 15, 2008.  
Applications for Name Change must be mailed to the below address:

South Carolina Law Enforcement Division  
PO Box 21398  
Columbia, SC 29211  
ATTN: Records



South Carolina  
Law Enforcement Division

P.O. Box 21398  
Columbia, South Carolina  
29221-1398

Henry D. McMaster, Governor  
Mark A. Keel, Chief

Tel: (803) 737-9000

**CRIMINAL RECORD CHECK**

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**(A self addressed stamped envelope is required for the return of background**

**CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**

NAME OF ORGANIZATION: \_\_\_\_\_

VERIFICATION NUMBER (as provided by SLED for online checks): \_\_\_\_\_

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: \_\_\_\_\_

*(A self addressed stamped envelope is required for the return of background check)*

**PLEASE NOTE:**

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



**South Carolina Department of Social Services  
 CONSENT TO RELEASE INFORMATION**

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

**SECTION I. Purpose for Request**

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- becoming or remaining a foster parent or potential adoptive parent; or
- becoming or remaining an employee of or a member of the state or a local foster care review board; or
- becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.
- becoming an employee or volunteer for the Continuum of Care and/or other area of S.C. Dept. of Children's Advocacy.

B.  I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of \_\_\_\_\_.

**SECTION II.**

ATTN: \_\_\_\_\_

TEL. NO: \_\_\_\_\_

**SECTION III. Central Registry Check Fees: Please  appropriate box and include payment. Check or Money Order (NO CASH).**

- |  |  |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00  | <input type="checkbox"/> Name Changes.....\$8.00                     |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00        |
| <input type="checkbox"/> State Agencies.....\$8.00       | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00              |  |

**SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Maiden/Aliases: \_\_\_\_\_ Name Change: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ SSN: (See instructions) \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Previous Address: (See instructions) \_\_\_\_\_

**SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

**SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.**

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

_____ Authorized DSS Employee	_____ Date
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**INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION**

**PLEASE DO NOT ALTER THIS FORM IN ANY WAY**

**SECTION I: Purpose for Request:** To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking  in the appropriate box.

**SECTION II: Mail Results To:** Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

**SECTION III: Central Registry Fee:** Please check  appropriate fee box.

**SECTION IV: Please type or print legibly the following information:**

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

**SECTION V:** Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services  
Attention: CASHIER  
1535 Confederate Avenue  
P.O. Box 1520  
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

**PLEASE CALL (803) 898-7318 EXTENSION 4, IF YOU NEED ASSISTANCE COMPLETING THIS FORM.**

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After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

**DSS personnel in the Division of Human Services must do the following:**

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
3. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

**Distribution**

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.

STATE OF SOUTH CAROLINA )

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

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Plaintiff, )

**FAMILY COURT COVERSHEET**

vs. )

\_\_\_\_\_  
Defendant. )

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

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

Submitted by: \_\_\_\_\_

SC Bar # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Email: \_\_\_\_\_

Fax # \_\_\_\_\_

Other: \_\_\_\_\_

**DOCKETING INFORMATION**

This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.

This case is exempt from ADR (certificate attached).

**Nature of Action Codes  
(Check One)**

**Marital Dissolution**

- Divorce (110)
- Annulment (120)
- Separate Support and Maintenance (130)
- Registration of Foreign Divorce Decree – without support/custody (190)
- Registration of Foreign Divorce Decree – with support/custody (191)
- Marital Dissolution – Other (199) \_\_\_\_\_

**Abuse and Neglect**

- Abuse and Neglect – Child (210)
- Abuse and Neglect – Adult (220)
- Abuse and Neglect – Other (299) \_\_\_\_\_

**Juvenile Delinquency**

- Truancy (311)
- Incurable (312)
- Runaway (313)
- Criminal Offense – Drug (315)
- Criminal Offense – Against a Person (316)
- Criminal Offense – Property (317)
- Criminal Offense – Public Order (318)
- Criminal Offense – Other (320)
- Juvenile Delinquency – Other (399) \_\_\_\_\_

**Protection from Domestic Abuse**

- Domestic Abuse – Intimate Partner (410)
- Domestic Abuse – Minor (420)
- Registration of Foreign Order of Protection (490)
- Domestic Abuse – Other (499) \_\_\_\_\_

**Support**

- Child Support – Private (501)
- Child Support – Administrative Process (502)
- Child Support – Judicial Process (503)
- Registration of Foreign Order of Support (504)
- UIFSA – Outgoing (505)
- UIFSA – Incoming (506)
- Modification of Child Support – Private (507)
- Modification of Child Support – DSS (508)
- Modification of Alimony (525)
- College Expenses (530)
- Support – Other (599) \_\_\_\_\_

**Custody/Visitation**

- Child Custody/Visitation (610)
- Modification of Custody/Visitation (615)
- Temporary Custody – Nonparent (616)
- Registration of Foreign Child Custody Order (690)
- Visitation Involvement Parenting (VIP) (DSS only) (691)
- Custody/Visitation – Other (699) \_\_\_\_\_

**Miscellaneous Actions**

- Name Change (710)
- Correction/Birth Record (720)
- Judicial Bypass (730)
- Adoption (740)
- Foreign Adoption (741)
- Post Dissolution Equitable Distribution (750)
- Paternity – Private (761)
- Paternity – DSS (762)
- Termination of Parental Rights – Private (771)
- Termination of Parental Rights – DSS (772)
- Miscellaneous Actions – Others (799) \_\_\_\_\_

Submitting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.



**Effective January 1, 2016**, family court actions in all counties are subject to mediation. Under the provisions of the Supreme Court's Rules for Alternative Dispute Resolution (ADR), mediation is defined as an informal process in which a third-party mediator facilitates settlement discussions between parties. Any settlement is voluntary. In the absence of settlement, the parties lose none of their rights to trial.

Also under the ADR Rules, the parties may agree on a mediator or the Clerk of Court will appoint a mediator from the certified list. If the Clerk appoints a mediator from the list, the mediator will be certified by the Board of Arbitrator and Mediator Certification and may be either a lawyer, a licensed mental health professional or any other individual meeting the certification requirements.

Whether or not the mediator is a lawyer, if appointed by the court, the charge per hour is set at a specified amount under the provisions of ADR Rule 9. Parties are responsible for payment of the mediator as set out in ADR Rule 9.

**SUPREME COURT RULES REQUIRE MEDIATION OF ALL CONTESTED DOMESTIC RELATIONS ACTIONS. IF THE DOCKETING INFORMATION ON PAGE 1 OF THIS COVERSHEET INDICATES THAT THIS CASE IS SUBJECT TO MEDIATION YOU ARE NOTIFIED THAT MEDIATED SETTLEMENT CONFERENCES ARE REQUIRED IN THIS CASE, AND THAT THE COURT-ANNEXED ADR RULES SHALL APPLY TO ALL CASES IN WHICH MEDIATION IS REQUIRED. FOR ADDITIONAL INFORMATION CONCERNING THE PROCESS AND TIME FRAMES, PLEASE CONSULT THE ADR RULES. KEY SECTIONS OF THE RULES ARE IDENTIFIED BELOW.**

**CONTESTED ACTIONS INVOLVING CUSTODY AND VISITATION**

Rule 3	Actions Subject to ADR
Rule 4(d)(1)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

**ALL OTHER CONTESTED ACTIONS**

Rule 3	Actions Subject to ADR
Rule 4(d)(2)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

**Indigent Cases:** Where a mediator has been appointed, a party may move before the Chief Judge for Administrative Purposes to be exempted from payment of neutral fees and expenses based upon indigency. Determination of indigency shall be in the sole discretion of the Chief Judge for Administrative Purposes. Application of a party to be exempt from payment of neutral fees due to indigency should be filed prior to the scheduling of the ADR conference.

**Please Note: Attendance at mediated settlement conferences is mandatory. You must comply with the Supreme Court rules regarding court-ordered mediation. Failure to do so may affect your case and may result in sanctions.**

**Note:** Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.

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

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

**CERTIFICATE OF  
EXEMPTION**

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

I certify that this action is exempt from mediation based on the following:

- An agreement has been reached among all parties on every issue.
- This is a contempt action.
- This is a family court case initiated by South Carolina Department of Social Services
- All contested issues have been previously subjected to an ADR conference meeting the requirements of the ADR Rules (Proof of ADR must be attached).

Submitting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Attorney for  Plaintiff  Defendant or  Self Represented Litigant

SC Bar # (if applicable): \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
COUNTY OF HORRY )

IN THE FAMILY COURT OF THE  
FIFTEENTH JUDICIAL COURT

\_\_\_\_\_-DR-26-\_\_\_\_\_

IN RE: )  
 )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
PETITIONER )  
 )  
 )  
\_\_\_\_\_) )

PETITION FOR NAME CHANGE

TO: THE PRESIDING JUDGE OF THE FAMILY COURT, FIFTEENTH JUDICIAL CIRCUIT

The Petitioner, would respectfully show and allege unto this Honorable Court as follows:

1. That the Petitioner is a citizen and resident of Horry County, South Carolina, and has been so for more than one (1) year prior to the filing of this action. This Court has jurisdiction over the Petitioner and the subject matter herein.
2. That the Petitioner is \_\_\_\_\_ years of age.
3. That the Petitioner was born in \_\_\_\_\_ (County), \_\_\_\_\_ (State) on \_\_\_\_\_ (DOB).
4. The name on the Petitioner's birth certificate is \_\_\_\_\_; a copy of Petitioner's birth certificate is attached hereto.
5. That the Petitioner wishes to change his/her name (explanation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. That the Petitioner wishes to change his/her name to \_\_\_\_\_.
7. That the Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that she/he is not listed on the division's sex offender registry.
8. That the Petitioner has attached hereto a screening statement from SCDSS indicating that she/he is not listed on the department's Central Registry of Child Abuse and Neglect.
9. That the Petitioner has attached hereto an affidavit stating that she/he is not under any court order to pay child support or alimony.
10. That the Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

WHEREFORE, the Petitioner prays as follows:

- A. For an Order of this Court legally changing Petitioner's name to \_\_\_\_\_.
- B. For an Order of this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of \_\_\_\_\_.
- C. For any other and further relief that this Court deems just and proper.

Respectfully Submitted,

\_\_\_\_\_  
Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_, South Carolina

STATE OF SOUTH CAROLINA )  
COUNTY OF HORRY )

IN THE FAMILY COURT OF THE  
FIFTEENTH JUDICIAL COURT  
-DR-26-

IN RE: )  
 )

\_\_\_\_\_ )

\_\_\_\_\_ )  
PETITIONER )

\_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

VERIFICATION

Personally appeared before me, \_\_\_\_\_ who after being duly sworn,  
deposes and states that:

1. I am the Petitioner in the above captioned action.
2. I have read the allegations in the foregoing Petition, and I believe the same to be true and accurate to the best of my knowledge.
3. I am not in any way requesting this name change to avoid or defraud any creditors or evade any debt.

\_\_\_\_\_  
Petitioner

SWORN to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
COUNTY OF Horry )

IN THE FAMILY COURT OF THE  
FIFTEENTH JUDICIAL COURT  
\_\_\_\_\_ -DR-26- \_\_\_\_\_

IN RE: )  
\_\_\_\_\_ )

AFFIDAVIT

\_\_\_\_\_ )  
PETITIONER )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division. I have never been arrested or convicted of a crime under a name other than the name(s) \_\_\_\_\_  
\_\_\_\_\_.
2. Below are the names I have used; however, I have never been arrested:  
\_\_\_\_\_.
3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

\_\_\_\_\_  
[Signature of Petitioner]

SWORN to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
COUNTY OF Horry )

IN THE FAMILY COURT OF THE  
FIFTEENTH JUDICIAL COURT  
\_\_\_\_\_ -DR-26- \_\_\_\_\_

IN RE: )  
\_\_\_\_\_ )

\_\_\_\_\_ )

PETITIONER )

\_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

AFFIDAVIT

The undersigned, being duly sworn, states the following:

I, \_\_\_\_\_, am not obligated for any outstanding child support or  
alimony payments ordered through the court in the name of \_\_\_\_\_  
or \_\_\_\_\_. My date of birth is \_\_\_\_\_ and  
my Social Security number is \_\_\_\_\_.

\_\_\_\_\_  
Affiant

SWORN to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Witness

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
 )

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

REQUEST FOR HEARING

\_\_\_\_\_  
Plaintiff, )  
vs. )  
\_\_\_\_\_  
Defendant. )

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

Plaintiff's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_

Time Needed: \_\_\_\_\_

Dates and Times Unavailable: \_\_\_\_\_

Child Custody at Issue:  Yes  No

Are Other Issues Contested  Yes  No If yes, explain: \_\_\_\_\_

If yes to either above, submit a mediation report.

Comments and Issues: \_\_\_\_\_

Hearing Requested by: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

For:  Plaintiff  Defendant

\*\*\*\*Section below to be completed by Clerk of Court. \*\*\*\*

The hearing in this matter is scheduled for \_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_ : \_\_\_  
a.m./p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_ for \_\_\_\_\_ (length of time).



STATE OF SOUTH CAROLINA )  
COUNTY OF HORRY )

IN THE FAMILY COURT OF THE  
FIFTEENTH JUDICIAL COURT  
\_\_\_\_\_ -DR-26- \_\_\_\_\_

IN RE: )  
\_\_\_\_\_ )

\_\_\_\_\_ )  
PETITIONER )

ORDER FOR NAME CHANGE AND  
AMENDMENT OF BIRTH CERTIFICATE

Date of Hearing: \_\_\_\_\_  
Trial Judge: \_\_\_\_\_  
Court Reporter: \_\_\_\_\_

THIS MATTER comes before the Court upon Petition filed by the Petitioner for a change of name. This Petition was duly verified by the Petitioner and filed with the Court on or about \_\_\_\_\_. Based upon the pleadings of record and Verification signed, the Court makes the following:

FINDINGS OF FACT

1. I find that the Petitioner is a citizen and resident of Horry County, South Carolina, and has been so for more than one (1) year prior to the filing of this action.
2. I find that the Petition was duly verified by the Petitioner prior to the filing of the action, and due to their attestations, this Court finds that it would be proper to grant the relief sought in the Petition.
3. I find that the applicable provisions of Section 15-49-10 of the Code of Laws of South Carolina, have been complied with and the requisite affidavits and documents have been made part of the file
4. I find that the Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

Based upon the foregoing Findings of Fact, the Court makes the following:

CONCLUSIONS OF LAW

That as a matter of law this Court has jurisdiction over this matter pursuant to Section 20-7-420 (8) & (9), Code of Laws of South Carolina, 1976, as amended;

That the applicable provisions of Section 15-49-10 of the Code of Laws of South Carolina, have been complied with and the requisite affidavits and documents have been made part of the file;

That the plaintiff is entitled to and not in any way disqualified to have his/her name changed;

I further find that the following information appears on the birth certificate of the party whose name is to be changed:

_____	_____
Full Name at Birth	Full Name of Father
_____	_____
Date of Birth	Full Maiden Name of Mother
_____	
Birthplace: County, City and State	

THEREFORE, IT IS HEREBY ORDERED

That the Petitioner is granted the relief sought in their Petition and shall be allowed to change their name from \_\_\_\_\_ to -  
\_\_\_\_\_ and that Petitioner hereinafter be known as  
\_\_\_\_\_;

That the Petitioner is permitted to be issued an amended birth certificate reflecting the name of \_\_\_\_\_.

AND IT IS SO ORDERED!

\_\_\_\_\_  
Family Court Judge  
Fifteenth Judicial Circuit

Dated: \_\_\_\_\_

Conway, South Carolina



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

IN THE \_\_\_\_\_  
 \_\_\_\_\_ JUDICIAL CIRCUIT  
 MOTION AND AFFIDAVIT TO  
 PROCEED IN FORMA PAUPERIS

FILE NO. \_\_\_\_\_

**Motion for Waiver of Costs and Fees**

I, \_\_\_\_\_, am unable to pay the costs of filing and service in the present matter and request that the court waive the costs and allow me to proceed *in forma pauperis*.

**Plaintiff submits the following financial declaration and affidavit in support of the above motion.**

Address \_\_\_\_\_  
 Age \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Employer Address \_\_\_\_\_

**Gross Monthly Income** **Amount:**

1) Earnings (attach recent pay stubs) \_\_\_\_\_  
 2) Overtime \_\_\_\_\_  
 3) Social Security, VA Benefits,  
 Workers' Comp or Disability (SSI) \_\_\_\_\_  
 4) Unemployment \_\_\_\_\_  
 5) Alimony / Child Support (receiving) \_\_\_\_\_  
 6) Other (Specify) \_\_\_\_\_  
**Total Amount (Add lines 1-6):** \_\_\_\_\_

**Assets** **Amount:**

1) Cash \_\_\_\_\_  
 2) Money in Bank Accounts (Checking & Savings) \_\_\_\_\_  
 3) IRA / 401k / Pensions \_\_\_\_\_  
 4) Other (Specify) \_\_\_\_\_  
**Total Amount (Add lines 1-4):** \_\_\_\_\_



**Monthly Expenses**

- 1) Rent / Mortgage
  - 2) Utilities
  - 3) Cell phone / Phone
  - 4) Food
  - 5) Child Support / Alimony (Paying)
  - 6) Child Care
  - 7) Car Payment
  - 8) Car Operating Expenses  
(Insurance, gas, maintenance)
  - 9) Clothing
  - 10) Cable / Satellite TV / Internet
  - 11) Medical / Dental / Vision Expenses
  - 12) Medical / Dental / Vision Insurance
  - 13) Credit Card / Loan Payments
  - 14) Other (Specify) \_\_\_\_\_
- Total Amount** (Add lines 1-14):

**Amount:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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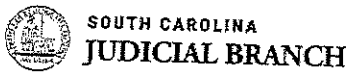
\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Plaintiff**

\_\_\_\_\_  
Notary Public for South Carolina  
My Commission Expires: \_\_\_\_\_



STATE OF SOUTH CAROLINA )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Plaintiff, )

vs. )

\_\_\_\_\_  
Defendant. )

IN THE \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

ORDER  
IN FORMA PAUPERIS

FILE NO. \_\_\_\_\_

**ORDER**

- Leave is Granted to proceed *in forma pauperis* without payment of the filing fee.
- Leave is Granted to proceed *in forma pauperis* without payment of the service cost.
- Leave is Denied to proceed *in forma pauperis* pursuant to *Ex parte Martin*, 321 S.C. 533, 471 S.E.2d 134 (1995).
- Leave is Denied to proceed *in forma pauperis*. Plaintiff has failed to establish compliance with the Poverty Guidelines pursuant to Rule 3(b)(1), SCRCF.

If denied, this case will be dismissed without further order of the court if the filing fee and associated costs are not paid on or before \_\_\_\_\_, 20\_\_\_\_\_.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Presiding Judge, \_\_\_\_\_ Judicial Circuit

\_\_\_\_\_, South Carolina

**NOTICE TO PLAINTIFF:** The Court may assess costs against either party at hearing.