

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

) Plaintiff,)
) vs.)
)
)

) Defendant.)

IN THE FAMILY COURT
_____ JUDICIAL CIRCUIT

REQUEST FOR HEARING
(Visitation)

Docket No. _____

Plaintiff:
Address:

Home Phone: _____
Other Contact Phone: _____

Cell Phone: _____
Email: _____

Defendant or Attorney for Defendant:
Address:

Home Phone: _____
Other Contact Phone: _____

Cell Phone: _____
Email: _____

Contested: Yes No Child Custody Issue: Yes No

Amount of Time Requested: 30 minutes

Dates / Times the Plaintiff and/or Defendant is/are UNAVAILABLE (exclude weekends and holidays): See Attached list(s)

Hearing Requested By: PLAINTIFF DEFENDANT

COMMENTS / ISSUES:

Date: _____, 20____.
_____, S.C.

Signature

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

The Final Hearing in this matter is scheduled for ____ day of _____ 20____, at
____:____ a.m./ p.m., Courtroom _____, before the Honorable
_____.