STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
	)	9 TH JUDICIAL CIRCUIT
COUNTY OF BERKELEY	)	
	)	
	)	
_____	)	**REQUEST FOR HEARING**
Plaintiff,	)	
vs.	)	
	)	
_____	)	
Defendant.	)	Docket No. _____-DR-08-____

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: _____

For: ☒ Plaintiff ☐ Defendant

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

The hearing in this matter is scheduled for _____ day of _____ 20_____,at _____ (time)

☐a.m./☐p.m., Courtroom _____, before the Honorable _____ for _____ (length of time).