

STATE OF SOUTH CAROLINA }  
 }  
COUNTY OF BERKELEY }  
 }  
\_\_\_\_\_  
vs. }  
\_\_\_\_\_ }

IN THE FAMILY COURT FOR  
THE NINTH JUDICIAL CIRCUIT

**REQUEST FOR VOLUNTARY WAGE WITHHOLDING**

**NAME AND ADDRESS OF CLERK OF COURT:**  
MARY P. BROWN  
CLERK OF COURT  
P.O. BOX 219  
MONCKS CORNER, SC 29461-0219

**FILE NO.:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**NAME OF OBLIGOR:** \_\_\_\_\_

**OBLIGOR'S ADDRESS:** \_\_\_\_\_

**OBLIGOR'S TELEPHONE NUMBER:** \_\_\_\_\_

**OBLIGOR'S SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMPLOYER (Payor) NAME AND ADDRESS:** \_\_\_\_\_

**EMPLOYER'S PHONE NUMBER:** \_\_\_\_\_

I, \_\_\_\_\_, request that my wages be withheld to satisfy my  
obligation for support to \_\_\_\_\_.

I understand that this wage withholding will remain in effect for no less than one (1) year, at which time I may petition the Court to terminate this wage withholding. I understand that I must notify the Clerk of Court, at the address shown above, of any change of employment within seven (7) days of any change. I also understand that my address listed above will be presumed to be my correct address for notice purposes unless I notify the Clerk of Court of any change of address.

\_\_\_\_\_  
**Signature of Obligor**

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

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[ ] Obligor (Copy)

[ ] Obligee

[ ] DSS