

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

IN THE FAMILY COURT

REQUEST FOR HEARING

PLAINTIFF,

vs.

Case No.:

DEFENDANT

Attorney for Plaintiff:

Mailing Address:

Phone:

Fax:

Attorney for Defendant:

Mailing Address:

Phone:

Fax:

GAL:

Mailing Address:

Phone:

Fax:

Type Case:

Time Needed:

Is Custody Contested?

Yes No

If YES, add GAL information above.

Are other issues contested?

Yes No

If YES, to either of the above, submit an Order for Mediation.

COMMENTS:

Hearing Requested By:

Date:

For:

DATES AND TIMES UNAVAILABLE:

**GREENVILLE COUNTY FAMILY COURT FOR COURT USE ONLY
HEARING NOTICE BY FAX**

Pursuant to your request, the above matter has been set for a hearing on _____
at _____

JUDGE: _____ **Time Allotted:** _____

From Family Court Docket Fax 467-5810 **Docket Clerk:** _____