

REQUEST FOR HEARING

CASE CAPTION:

_____, Petitioner/Plaintiff
vs.

_____, Respondent/Defendant

Attorney(s) for Petitioner/Plaintiff:

Attorney(s) for Respondent/Defendant:

Date pleadings served on parties per SCRCP 4: _____

Hearings for Judge Faulkner are usually held Monday or Tuesday or Wednesday morning.

Parties are entitled to 20-day hearing notice unless properly waived.

We request a hearing be scheduled for _____ hour(s) on one of the following dates:

1. _____
2. _____
3. _____

Requesting Attorney:

FAX Number: _____

HEARING SCHEDULED

Your hearing has been set as requested on: _____
at: _____

(Requesting Attorney shall be responsible for notifying opposing counsel and pro se litigants of scheduled hearing date and time. Proof of Delivery (*form 120*) and Notice of Hearing (*form 110*) to be filed at Probate Court.)

Sheryll L. Smith, Chief Clerk
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301 University Ridge
Greenville, SC 29601
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FAX: 864/467-7198
Toll Free: 1-877-55COURT