OFFICE OF THE CLERK OF COURT
GREENVILLE COUNTY, SOUTH CAROLINA

Greenville County Courthouse
305 East North Street
Greenville, SC 29601
864-467-8551
www.greenvillecounty.org/clerkofcourt

Greenville County Family Court
350 Halton Road
Greenville, SC 29607
864-467-5800
clerkofcourt@greenvillecounty.org

Clerk of Court
JAY GRESHAM

NAME CHANGE PACKET

The employees of Greenville County Office of the Clerk of Court cannot provide you with any legal advice nor can they assist you in completing the following forms. You are acting as your own attorney by filing pro se, and you will need to know the steps involved in having your legal action move through the court system. It is your responsibility to know each of those steps.

As the Clerk of Court, our office must remain neutral in all matters before the court.

Therefore, we will not provide any instructions beyond what is provided in this packet.

As well, all documents that require a notary signature must be completed prior to filing with the Clerk's Office.

You may want to contact an attorney to help you with this complicated process.

The following numbers may be of assistance to you:

- South Carolina Legal Services: (888) 346-5592
- South Carolina Bar Association: (803) 799-6653

You will need copies of your records. Please submit:

- The original and one (1) copy of all forms.
- Self-addressed stamped envelope for mailing forms and Notice of Hearing back to you.

****DISCLAIMER: This document provides information pertaining to legal issues, it is not legal advice. Moreover, due to the rapidly changing nature of the law, we make no warranty or guarantee. ****

NAME CHANGE INSTRUCTIONS

To file for a name change in Family Court you will need to follow these steps:

1. Fill out DSS Form 3072 (enclosed).

• Mail to: South Carolina Department of Social Services, Attn: CASHIER

1535 Confederate Avenue P.O. Box 1520 Columbia, SC 29202-1520.

• Send a self-addressed stamped envelope along with the $8.00 fee. The form

will be returned to you by mail.

2. Contact SLED at (803) 896-1443 to request a Name Change Packet, which will

include the Records Check Form (enclosed) and two Fingerprint Cards.

• When the packet arrives in the mail, take both Fingerprint Cards to a local

law enforcement center to be fingerprinted.

• Fill out the SLED forms.

• Mail forms, send one Fingerprint Card, the $25.00 fee, and a self-addressed

stamped envelope to the address provided on the paperwork.

• Forms will be returned to you by mail.

3. Fill out Family Court Coversheet, Petition for Name Change,

Child Support/Alimony Affidavit, and Hearing Request.

4. Bring an **original** Long Form Birth Certificate to be filed in our office. Please note Family court will keep the original birth certificate and it will NOT be returned.

5. Bring all original, completed, and notarized documents, including the return items from SLED & DSS, along with the Fingerprint card, and one (1) **COPY** of the originals for your records. $150.00 filing fee, and a self-addressed stamped envelope to our office.

6. After filing your documents, a hearing date will be mailed to you in the self-addressed stamped envelope you provided.

7. Bring to Court:

• Your copy of all forms.

• Motion Coversheet (form SCCA 233F).

• Order to Change Name. ***Do Not File with initial pleading. Keep and bring to Hearing***

STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
COUNTY OF GREENVILLE	)	THIRTEENTH JUDICIAL CIRCUIT
	)	
_____,	)	**ORDER TO CHANGE NAME**
Petitioner.	)	
	)	_____
	)	CASE NUMBER
_____	)	

Hearing Date: _____
Presiding Judge: _____

This matter is before the Court upon a petition filed seeking an Order legally changing the Petitioner's name from _____ to _____.

Based upon the pleadings, exhibits, and affidavits submitted to the Court, I make the following findings:

1. The Petitioner is a citizen and resident of the State of South Carolina, County of Greenville, and this Court has personal jurisdiction over the Petitioner.
2. This Court has jurisdiction over the subject matter of this action pursuant to S.C. Code Ann. § 63-3-530.
3. That the Petitioner is over the age of eighteen (18) years and has a date of birth of _____, as shown on his/her birth certificate, a copy of which was filed with this Court.
4. The applicable provisions of S.C. Code Ann. § 15-49-10 have been complied with and the requisite affidavits and documents have been made a part of the Court's file.
5. The Petitioner is entitled to and is not in any way disqualified from having his/her name changed.
6. The Petitioner is not seeking to change his/her name to avoid creditors or prosecution or for any fraudulent, illegal, or improper purpose.
7. The Petitioner shall be permitted to change his/her name from _____ to _____.

IT IS THEREFORE ORDERED, ADJUDED AND DECREED that the Petitioner's name shall be changed to _____.

IT IS ORDERED.

_____
Family Court Judge

SIGNED THIS _____ DAY OF
_____, 20___.

DSS SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

REQUEST FOR CENTRAL REGISTRY AND/OR CHILD ABUSE RECORD CHECK

Online Portal is available at: https://providerportal@dss.sc.gov

Utilize DSS Forms 2924 or 37201 for all Child Care Requests

I. Purpose for Request (*check all that apply*)

A. I am requesting a search of the Central Registry of Child Abuse and Neglect **AND** the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ Becoming or remaining a foster parent or potential adoptive parent
- ☐ Adults over the age of 18 residing in a potential foster home or adoptive home
- ☐ Becoming an employee or volunteer for Richland County CASA
- ☐ Becoming an employee or volunteer for the S.C. Department, of Children's Advocacy to include: Continuum of Care; Foster Care Review Board and/or SC Guardian ad Litem Program
- ☐ Group Home (emergency shelters, wilderness camps, Child Caring Institution)

B. I am requesting a search of the Central Registry of Child Abuse and Neglect **ONLY in connection with:**

- ☐ Becoming or remaining an employee or volunteer for Adult Care
- ☐ Other: Please specify _____

II. Please check appropriate fee box and include payment (Check or Money Order ONLY) Only one category applies!

☐	Non -Profit Entities (CASA, etc.)	$ 8.00	☐	Name Change	$ 8.00
☐	For Profit Entities	$ 25.00	☐	Foster Care/Adoption	$ 8.00
☐	State Agencies	$ 8.00	☐	Private Adoptions Investigations	$25.00
☐	Schools	$ 8.00	☐	Adult Care Facility	$ 8.00
☐	Group Home Facilities	$ 25.00	☐	Other (individual request, etc.)	$ 8.00

III. Please print or type the entire name of person to be searched. Incomplete or illegible forms will not be processed.

Full Name (*No Initials*): _____ DOB: _____ Gender: _____ Race: _____
First, Middle, Last

Maiden/Former Name/Aliases: _____ Complete SSN (No X's): _____

Place of Birth: _____

Current Address: _____ Previous Address(es): _____

_____ _____

IV. Mail Results to:

Name: _____ **ATTN:** _____

Address: _____ **Tel. No.** _____

City/State/Zip: _____ **Email:** _____

V. I do hereby authorize the South Carolina Department of Social Services (SCDSS) to research its records to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named above. I understand that the information provided may prove to be unfavorable to me. I agree to hold SCDSS and its staff harmless from liability associated with the release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

Please mail appropriate payment (check or money order only) payable to: Department of Social Services (DSS) and form for processing to: South Carolina Dept. of Social Services, **ATTN: Cashier,** 1535 Confederate Avenue, PO Box 1520, Columbia, SC 29202-1520.

Your signature MUST be witnessed or notarized.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Witness Date

VI. Results: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to Sixty days may be required. Please call _____ if you have any questions.
- ☐ **The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.**
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence

_____ _____
Authorized DSS Employee Date

INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I: Purpose for Request: To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking ✔ in the appropriate box.

SECTION II: Central Registry Fee: Please check ✔ appropriate fee box.

SECTION III: Please type or print legibly the following information:
- Full Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Maiden/Former Name/Aliases: List the name(s).
- Date of Birth: Month/Day/Year
- Gender: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary to conduct a thorough search. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/database check and will not be given to any person other than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

SECTION IV: Mail Results To: Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name, telephone number, and email.

SECTION V: Mail payment payable to Department of Social Services (DSS); completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.

- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

PLEASE CALL (803) 898-7318 EXTENSION 4, IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Child Welfare Services.

DSS personnel in the Division of Child Welfare Services must do the following:
1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
3. Sign and date form; Results are returned via online portal or envelope is stamp, "confidential" and mail to return address.

Distribution
Results of the search will be sent ONLY to the individual or organization specified in Section IV of this form.

South Carolina
Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor
Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(**Please print your completed form and submit to SLED. You may want to print a copy for your records**.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: _____

VERIFICATION NUMBER (as provided by SLED for online checks): _____

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:
The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008**.*

(CJ-022) Revised 09/25/15

STATE OF SOUTH CAROLINA)
) IN THE FAMILY COURT
_____ JUDICIAL CIRCUIT
COUNTY OF _____)
)
_____)
Plaintiff,) **FAMILY COURT COVERSHEET**
vs.)
)
_____)
Defendant.) Docket No. _____

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

Submitted by: _____ **SC Bar #** _____
Address: _____ **Telephone #** _____
_____ **Fax #** _____
Email: _____ **Other:** _____

DOCKETING INFORMATION (Check one box below if filing in a Mandatory Mediation County)
☐ This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR (certificate attached).

Nature of Action Codes (Check One)	
Marital Dissolution	**Support**
☐ Divorce (110)	☐ Child Support – Private (501)
☐ Annulment (120)	☐ Child Support – Administrative Process (502)
☐ Separate Support and Maintenance (130)	☐ Child Support – Judicial Process (503)
☐ Registration of Foreign Divorce Decree – without support/custody (190)	☐ Registration of Foreign Order of Support (504)
☐ Registration of Foreign Divorce Decree – with support/custody (191)	☐ UIFSA – Outgoing (505)
☐ Marital Dissolution – Other (199) _____	☐ UIFSA – Incoming (506)
	☐ Modification of Child Support – Private (507)
	☐ Modification of Child Support – DSS (508)
Abuse and Neglect	☐ Modification of Alimony (525)
☐ Abuse and Neglect – Child (210)	☐ College Expenses (530)
☐ Abuse and Neglect – Adult (220)	☐ Support – Other (599) _____
☐ Abuse and Neglect – Other (299) _____	
	Custody/Visitation
	☐ Child Custody/Visitation (610)
Juvenile Delinquency	☐ Modification of Custody/Visitation (615)
☐ Truancy (311)	☐ Registration of Foreign Child Custody Order (690)
☐ Incorrigible (312)	☐ Custody/Visitation – Other (699) _____
☐ Runaway (313)	
☐ Criminal Offense (320)	**Miscellaneous Actions**
☐ Juvenile Delinquency – Other (399) _____	☐ Name Change (710)
	☐ Correction/Birth Record (720)
	☐ Judicial Bypass (730)
	☐ Adoption (740)
Protection from Domestic Abuse	☐ Foreign Adoption (741)
☐ Domestic Abuse – Intimate Partner (410)	☐ Post Dissolution Equitable Distribution (750)
☐ Domestic Abuse – Minor (420)	☐ Paternity – Private (761)
☐ Registration of Foreign Order of Protection (490)	☐ Paternity – DSS (762)
☐ Domestic Abuse – Other (499) _____	☐ Termination of Parental Rights – Private (771)
	☐ Termination of Parental Rights – DSS (772)
	☐ Miscellaneous Actions – Others (799) _____

Submitting Party Signature: _____ **Date:** _____

Custodial Parent (if applicable): _____

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. § 15-36-10 et seq.

SCCA 467 (6/2011)

Made Fillable by eForms

STATE OF SOUTH CAROLINA COUNTY OF _____ In Re: _____ Plaintiff.	))))))))))	IN THE FAMILY COURT OF THE _____ JUDICIAL DISTRICT **PETITION FOR NAME CHANGE** Case No.:

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of _____ County, South Carolina.

2. Petitioner is _____ years of age.

3. Petitioner was born in _____, on _____.

4. The name on Petitioner's birth certificate is _____; a copy of Petitioner's birth certificate is attached hereto.

5. Petitioner wishes to change his/her name _____.

6. Petitioner wishes to change his/her name to _____.

7. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that she/he is not listed on the division's sex offender registry.

8. Petitioner has attached hereto a screening statement from SCDSS indicating that she/he is not listed on the department's Central Registry of Child Abuse and Neglect.

9. Petitioner has attached hereto an affidavit stating that she/he is not under any court order to pay child support or alimony.

10. Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

Made Fillable by eForms

WHEREFORE, the Petitioner prays:

A. For an order from this Court legally changing Petitioner's name to_____ ;

B. For an order from this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of _____ ;

C. For such other and further relief as this Court deems just and equitable.

Respectfully Submitted,

_____

DATE: _____

_____, South Carolina

Made Fillable by eForms

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
)
)
_____)
Plaintiff,)
vs.)
)
)
_____)
Defendant.)

IN THE FAMILY COURT
_____JUDICIAL CIRCUIT

REQUEST FOR HEARING

Docket No. _____

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: _____, 20___

For: ☐ Plaintiff ☐ Defendant

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

The hearing in this matter is scheduled for ____ day of _____20___, at ___:___ a.m./p.m., Courtroom _____, before the Honorable _____ for _____ (length of time).

SCCA 410 (12/2009)

Made Fillable by eForms

State of South Carolina)
)
County of _____)

AFFIDAVIT

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division. I have never been arrested or convicted of a crime under a name other than the name(s) _____,

_____.

2. Below are the names I have used; however, I have never been arrested:

_____, _____.

3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

_____
[Signature of Petitioner]

SWORN to and subscribed before me
this ____ day of _____, 20__.

_____
Notary Public for South Carolina
My Commission Expires: _____

Made Fillable by eForms

STATE OF SOUTH CAROLINA	)	IN THE FAMILY COURT
	)	_____ JUDICIAL DISTRICT
COUNTY OF _____	)	
	)	C.A. NO.:
In re: _____,	)	
	)	**AFFIDAVIT**
Plaintiff.	)	
	)	

The undersigned, being duly sworn, states the following:

I, _____, am not obligated for any outstanding child support or alimony payments ordered through the court in the name of _____ or _____. My date of birth is _____, and my Social Security number is _____.

_____
Affiant

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____DAY OF
_____20___

_____
Witness

_____
Notary Public for South Carolina
My commission expires:_____

Made Fillable by eForms

AFFIDAVIT OF RESIDENCY
(Pursuant to South Carolina Code Ann. §15-49-20)

As the Petitioner in this name change case, I hereby swear or affirm that I on the day I filed this action, I resided South Carolina and had been a resident of South Carolina for at least six months. I attach to this affidavit my proof of residency as authorized by the list below.

ATTACH A COPY OF ONE OF THE FOLLOWING (check box as appropriate):

☐ Unexpired SC beginner's permit, driver's license, ID, or vehicle registration: must show your current residential address or your updated address must be on file within the SCDMV's system if it is not reflected on your credential; ☐ Unexpired SC Concealed Weapons Permit (CWP); ☐ Fishing/hunting licenses; ☐ boat/jet ski registrations (Department of Natural Resources products). ☐ Voter registration card; ☐ County tax bill or property tax receipt for your vehicle or home (current or preceding calendar year) - Must be mailed to your SC address. ☐ State or federal tax records Income tax returns for current or prior year are acceptable including electronic tax file, W-2 Form, or Form 1095-B Health [insurance] Coverage. You must be listed as a primary tax payer or dependent. ☐ School records – must be from an SC school, college or university unless otherwise noted (current or prior school year). ☐ Report card (must show your name and current SC address) ☐ Letter or contract from Home Schooling Association. ☐ Official letter from your school or school district on school or district letterhead (must indicate enrollment period). ☐ Transcript (SC school, college or university). ☐ Out-of-state or in-state tuition bill or receipt of student loan. ☐ Letter from an out-of-state boarding school or a professional career development institute indicating that you live in SC and attend school out-of-state. ☐ Social security check or annual statement. If presenting one of the following items, it cannot be more than 90 DAYS OLD. ☐ Utility bill, payment receipt, or approved application for services at your current SC residence (mailed to your SC address, not an out-of-state address): may be a water, sewer, gas and electricity, cable/satellite TV, internet, cell phone, or telephone bill. ☐ Financial statements: credit card or bank statement or signed letter on bank letterhead: must also show your name and SC physical address as the account holder. ☐ Home mortgage monthly statement or deed. k) Insurance documentation from a company licensed to do business in SC: ☐ Automobile or life insurance bill or payment receipt (cards or policies are not accepted). ☐ Health insurance statement, payment receipt, explanation of benefits (cards or policies are not accepted). ☐ Homeowner's insurance policy, payment receipt, or bill. k) Current letter of employment or payroll stub/statement from an SC or out-of-state employer. l) US Postal Service letter or item delivered by the US Post Office: ☐ Change of address confirmation letter or postmarked US mail with forwarding address label must contain your first and last name, state and zip code. ☐ Any postmarked mail showing your name and delivered by the US Post Office to your current address such as: personal letters, or magazines (not advertisements).

_____
PETITIONER

Sworn to before me this _____ day of ____, 20____.
My Commission Expires _____

_____
SC Notary Public or Judge