

Spartanburg County

Spartanburg County Court House
180 Magnolia Street
P. O Box 3483
Spartanburg, SC 29304-3483



Phone (864) 596-2588
Fax (864) 596-3896

M. Hope Blackley

Clerk of Court

Gail Moffitt

Assistant Clerk of Court

NAME CHANGE PACKET

The Clerk of Court's Staff cannot provide you with any legal advice nor can they assist you in completing these forms. These forms have to be fully completed or they will not be accepted by the Clerk's of Court's office or the Judge. 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. Once you file the paperwork, the follow-up steps will be your responsibility. You will not receive any instructions from the Clerk of Court's Office in this process. Numbers that may be of assistance:

Legal Services	1-888-346-5592
South Carolina Bar Association	1-803-799-6653

You will need copies for your records (which is your responsibility).

Please submit:

- The original and 1 copy of all forms
- And a self addressed stamped envelope for mailing the forms and Notice of Hearing back to you.

DISCLAIMER: This document provides information pertaining to legal issues, it not legal advice. Moreover, due to the rapidly changing nature of the law and our reliance on information provided by outside sources, we make no warranty or guarantee.

NAME CHANGE INSTRUCTIONS

To file for a name change in Family court you will need to provide the following:

- **DSS Form 3072** (enclosed)
Mail To: South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520
(Make sure you send a self addressed stamped envelope)
Cost: **\$8.00**
 - Forms will be returned in the mail.
- Contact SLED at (803)896-1443 and request a Name Change Packet, which will include the **Records Check Form** (enclosed) and **Fingerprint Card**.
 1. When packet arrives in the mail, take Fingerprint Card to local law enforcement center and get fingerprints done.
 2. Fill out the SLED forms and mail them, the fingerprint card and **\$25.00** to the address provided on the paperwork. (Make sure you send a self addressed stamped envelope)
 3. Forms will be returned in the mail.
- Fill out Family Court Coversheet, Information Sheet, Petition for Name Change, Child Support/Alimony Affidavit, and Hearing Request.
- Make a copy of your Birth Certificate to be file.
- Bring all documents with the original and 1 copy along with **\$150.00 filing fee** and a self addressed stamp envelope to your local Family Court office.
(Filing fee is \$150.00 (cash or money order; credit/debit card with a photo ID (only if paying in person))).
- After filing your documents a hearing date will be mailed to you in the self addressed stamped envelope you provided.
- Bring to Court:
 1. Your copy of all forms.
 2. Motion Coversheet (form SCCA 233F)
 3. Order & Certificate of Name Change and Amendment of Birth Record form.

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below 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 below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with 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.

SECTION I. Purpose for Request

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; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____

TEL. NO: _____

SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See instructions) _____
Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

SECTION 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
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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: 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 and telephone number.

SECTION III: Central Registry Fee: Please check ☒ appropriate fee box.

SECTION IV: Please type or print legibly the following information:

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person 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 V: Mail payment; 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) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

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

DSS personnel in the Division of Human 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.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

Distribution

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

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

CRIMINAL RECORDS 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).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

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 account 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 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 records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

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

(CJ-022) 5/11/11



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
<input type="checkbox"/> Divorce (110)	<input type="checkbox"/> Child Support - Private (501)
<input type="checkbox"/> Annulment (120)	<input type="checkbox"/> Child Support - Administrative Process (502)
<input type="checkbox"/> Separate Support and Maintenance (130)	<input type="checkbox"/> Child Support - Judicial Process (503)
<input type="checkbox"/> Registration of Foreign Divorce Decree - without support/custody (190)	<input type="checkbox"/> Registration of Foreign Order of Support (504)
<input type="checkbox"/> Registration of Foreign Divorce Decree - with support/custody (191)	<input type="checkbox"/> UIFSA - Outgoing (505)
<input type="checkbox"/> Marital Dissolution - Other (199)	<input type="checkbox"/> UIFSA - Incoming (506)
	<input type="checkbox"/> Modification of Child Support - Private (507)
	<input type="checkbox"/> Modification of Child Support - DSS (508)
Abuse and Neglect	<input type="checkbox"/> Modification of Alimony (525)
<input type="checkbox"/> Abuse and Neglect - Child (210)	<input type="checkbox"/> College Expenses (530)
<input type="checkbox"/> Abuse and Neglect - Adult (220)	<input type="checkbox"/> Support - Other (599)
<input type="checkbox"/> Abuse and Neglect - Other (299)	
	Custody/Visitation
Juvenile Delinquency	<input type="checkbox"/> Child Custody/Visitation (610)
<input type="checkbox"/> Truancy (311)	<input type="checkbox"/> Modification of Custody/Visitation (615)
<input type="checkbox"/> Incurable (312)	<input type="checkbox"/> Registration of Foreign Child Custody Order (690)
<input type="checkbox"/> Runaway (313)	<input type="checkbox"/> Custody/Visitation - Other (699)
<input type="checkbox"/> Criminal Offense (320)	
<input type="checkbox"/> Juvenile Delinquency - Other (399)	Miscellaneous Actions
	<input checked="" type="checkbox"/> Name Change (710)
Protection from Domestic Abuse	<input type="checkbox"/> Correction/Birth Record (720)
<input type="checkbox"/> Domestic Abuse - Intimate Partner (410)	<input type="checkbox"/> Judicial Bypass (730)
<input type="checkbox"/> Domestic Abuse - Minor (420)	<input type="checkbox"/> Adoption (740)
<input type="checkbox"/> Registration of Foreign Order of Protection (490)	<input type="checkbox"/> Foreign Adoption (741)
<input type="checkbox"/> Domestic Abuse - Other (499)	<input type="checkbox"/> Post Dissolution Equitable Distribution (750)
	<input type="checkbox"/> Paternity - Private (761)
	<input type="checkbox"/> Paternity - DSS (762)
	<input type="checkbox"/> Termination of Parental Rights - Private (771)
	<input type="checkbox"/> Termination of Parental Rights - DSS (772)
	<input type="checkbox"/> 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 (6/2013)

INFORMATION SHEET

20____-DR-42-_____

Petitioner's Name: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____

City/State/Zip: _____

Sex: ____ Race: _____ Height: ____ Weight: ____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ SSN: ____-____-____ Place of Birth: _____

Make/Model of Car: _____/_____ Color: ____ Year: ____ Tag# _____ State: _____

Employer's Name/Address: _____

City: _____ State: ____ Zip: _____ Work Phone: _____ Work Hours: _____

Any Other Information:

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

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IN THE FAMILY COURT FOR THE
SEVENTH JUDICIAL CIRCUIT

IN RE: _____
(Petitioner)

PETITION FOR NAME CHANGE
Docket No.: 2015-DR-42-_____

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of Spartanburg County, South Carolina.
2. Petitioner is _____ years of age.
3. Petitioner was born in _____ (County), _____ (State) on _____ (DOB).
4. The name on Petitioner's birth certificate is _____; a copy of Petitioner's birth certificate is attached hereto.
5. Explain Reason/Desire for Name Change:

6. Petitioner wishes to change his/her name to _____
(Desired New Name).
7. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that he/she is not listed on the division's sex offender registry.
8. Petitioner has attached hereto a screening statement from SCDSS indicating that he/she is not listed on the department's Central Registry of Child Abuse and Neglect.
9. Petitioner has attached hereto an affidavit stating that he/she 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.

WHEREFORE, the Petitioner prays:

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

_____ (DESIRED NEW NAME)

B. For an order from this Court entitling Petitioner to the issuance of an amended

birth certificate reflecting the name of _____
(DESIRED NEW NAME)

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

Respectfully Submitted,

(PETITIONER'S NAME)

Date : _____ (Month) _____ (Day), 2015
Spartanburg, South Carolina

STATE OF SOUTH CAROLINA
COUNTY OF SPARTANBURG

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IN THE FAMILY COURT FOR THE
SEVENTH JUDICIAL CIRCUIT

IN RE: _____
(Petitioner)

AFFIDAVIT

Docket No.: 2015-DR-42-_____

The undersigned, being duly sworn, state the following:

I, _____, (Petitioner's name) am not obligated for any
outstanding child support or alimony payments ordered through the court in the name of

_____(Petitioner's name) or

_____(Desired new name). My date of birth is _____,

and my Social Security number is _____-_____-_____.

(PETITIONER'S NAME)

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF
_____ 2015

(WITNESS)

Notary Public of South Carolina

My commission expires: _____

June 2015

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).

STATE OF SOUTH CAROLINA)

COUNTY OF)

IN THE FAMILY COURT
JUDICIAL CIRCUIT

Plaintiff,)

vs.)

Defendant.)

**MOTION AND ORDER INFORMATION
FORM AND COVERSHEET**

Docket No. _____

Plaintiff's Attorney:

_____, Bar No. _____

Address: _____

Phone: _____

Fax _____

E-mail: _____

Other: _____

Defendant's Attorney:

_____, Bar No. _____

Address: _____

Phone: _____

Fax _____

E-mail: _____

Other: _____

- ☐ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)
☐ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)
☐ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)

SECTION I: Hearing Information

Nature of Motion: _____

Estimated Time Needed: _____

Court Reporter Needed: ☐ YES/☐ NO

SECTION II: Motion/Order Type

☐ Written motion attached

☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

Signature of Attorney for ☐ Plaintiff/☐ Defendant

Date submitted _____

SECTION III: Motion Fee

☐ PAID - AMOUNT: \$ _____

☐ EXEMPT:

(check reason)

☐ Rule to Show Cause in Child or Spousal Support

☐ Domestic Abuse or Abuse and Neglect

☐ Indigent Status ☐ State Agency v. Indigent Party

☐ Sexually Violent Predator Act ☐ Post-Conviction Relief

☐ Motion for Stay in Bankruptcy

☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP)

☐ Proposed order submitted at request of the court; or,
reduced to writing from motion made in open court per judge's instructions

Name of Court Reporter: _____

☐ Other: _____

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.

☐ Other: _____

JUDGE CODE _____

Date: _____

Judge Signature: _____

CLERK'S VERIFICATION

Collected by: _____ Date Filed: _____

☐ MOTION FEE COLLECTED: \$ _____

☐ CONTESTED - AMOUNT DUE: \$ _____

Custodial Parent (if applicable): _____

I further find that the following information appears on the birth certificate of the party whose name is to be changed:

Full Name at Birth

Full Name of Father

Date of Birth

Full Maiden Name of Mother

Birthplace: County, City and State

IT IS THEREFORE ORDERED that the name of the party be changed from:

_____ to _____.

IT IS FURTHER ORDERED that the Bureau of Vital Statistics amend its records to reflect this change of name.

IT IS SO ORDERED.

Date: _____

FAMILY COURT JUDGE
SEVENTH JUDICIAL CIRCUIT