

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

) IN THE FAMILY COURT
) ELEVENTH JUDICIAL CIRCUIT

_____)

Plaintiff,)

vs.)

_____)

Defendant.)

REQUEST FOR HEARING
(***TRIAL LESS THAN 2 HOURS***)

) File No.:

) Judgment Roll No. (if applicable):

Attorney for Plaintiff: _____

Office Address: _____

Telephone: _____ Fax: _____

Attorney for Defendant: _____

Office Address: _____

Telephone: _____ Fax: _____

Type of Hearing: _____

Contested: () Yes () No

Child Custody at Issue: () Yes () No GAL: _____

Time Needed: _____

Dates and Times Unavailable: _____

Comments and Issues: _____

Hearing Requested by: _____

For: () Plaintiff () Defendant

Date: _____