

STATE OF SOUTH CAROLINA }
 }
COUNTY OF CHARLESTON }
 }

vs. }
_____ }

IN THE FAMILY COURT FOR
THE NINTH JUDICIAL CIRCUIT

REQUEST FOR VOLUNTARY WAGE WITHHOLDING

NAME AND ADDRESS OF CLERK OF COURT :
JULIE J. ARMSTRONG
100 BROAD STREET, SUITE 143
CHARLESTON, SC 29401-2265

FILE NO.: _____

D.O.B. _____

NAME OF OBLIGOR: _____

OBLIGOR'S ADDRESS: _____

OBLIGOR'S TELEPHONE NUMBER: _____

OBLIGOR'S SOCIAL SECURITY NUMBER: _____

EMPLOYER (Payor) NAME AND ADDRESS: _____

I, _____, request that my wages be withheld to satisfy my
obligation for support to _____.

I understand that this wage withholding will remain in effect for no less than one (1) year, at which time I
may petition the Court to terminate this wage withholding. I understand that I must notify the Clerk of
Court, at the address shown above, of any change of employment within seven (7) days of any change. I
also understand that my address listed above will be presumed to be my correct address for notice
purposes unless I notify the Clerk of Court of any change of address.

Signature of Obligor

Dated: _____

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