

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 \_\_\_\_\_ )  
 Plaintiff, )  
 vs. )  
 )  
 \_\_\_\_\_ )  
 Defendant. )

IN THE FAMILY COURT  
 \_\_\_\_\_ JUDICIAL CIRCUIT

**TEMPORARY HEARING  
 BACKGROUND INFORMATION  
 PROVIDED BY:**

\_\_\_\_\_ )  
 Docket No. \_\_\_\_\_

1. Date of Marriage: \_\_\_\_\_
2. Date of Separation: \_\_\_\_\_
3. Unemancipated Children:

Child's Name	Date of Birth	Child's Name	Date of Birth
1.		4.	
2.		5.	
3.		6.	

4. Gross Monthly Incomes (indicate if imputed):  
 Husband/Father: \$ ( imputed)  
 Wife/Mother: \$ ( imputed)

5. If child support is a contested issue, complete the following, using monthly amounts:

Father                      Mother

- A. Previously Ordered Alimony OR Child Support:
- B. Other Children in the Home:
- C. Health Insurance Premium for Children:
- D. Regularly Occurring Extraordinary Med. Exp.:
- E. Gross Work-Related Child Care Expense:

6. The following are issues that are settled or contested as indicated on a temporary basis:

	<u>Contested</u>	<u>Settled</u>
Paternity	<input type="checkbox"/>	<input type="checkbox"/>
Custody	<input type="checkbox"/>	<input type="checkbox"/>
Visitation	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Use of Property	<input type="checkbox"/>	<input type="checkbox"/>
Attorney's Fees and Costs	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

7. Attached is a completed and signed Financial Declaration.
8. If child support is a contested issue, attach a child support calculation pursuant to the South Carolina Department of Social Services Child Support Guidelines.

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Attorney for the Plaintiff/Defendant