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Family Support of South Carolina, Inc
4000 Faber Place Drive, Suite 300
N. Charleston South Carolina 29405

APPLICATION FORM

Custodial Parent

Non-Custodial Parent

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Child Support Order Information

State of South Carolina

Amount of Support: \$ _____

County: _____

Frequency of Support: _____

Docket No.: _____

[B-Biweekly / S-Semimonthly / M-Monthly / W-Weekly / D-Seasonal]

Date of Support Order: _____

Children's Full Names

Date of Birth

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Amount of Arrearages (if any): \$ _____ as of _____.

Amount of Temporary Assistance Needy Families (TANF)(if any): \$ _____

The South Carolina Department of Social Services Child Support Services (CSSD) Information

Case Number: _____

Service: Locate Only / Full Service

Additional Information Required to process the application:

- 1. Copy of the Support Order and any modifications
- 2. Copy of the most recent CSSD statement

Please forward completed application to:

Family Support of South Carolina, Inc
4000 Faber Place Drive, Suite 300 N. Charleston SC 29405

or

E-mail: info@familysupportofsc.com