



PO Box 5942 Columbia, SC 29250 (803) 714-1176 (803) 714-0737 (fax)

**INTAKE FORM FOR FAMILY COURT CASE**

Requestor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Role (Party/Attorney) \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_

Docket Number \_\_\_\_\_

Plaintiff's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Defendant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Children's names and ages \_\_\_\_\_

Guardian ad Litem  Yes  No Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

GAL Report  Yes  No Email \_\_\_\_\_

Mediation Date requested: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Issues in case (check all that apply): 365 filing deadline: \_\_\_\_\_

- Custody ( if grandparent/other relative)  Child Support  Visitation  Unmarried Parents  Paternity   
 Property & Debt Division  Alimony/Support  Attorney Fees

Other/Comments: \_\_\_\_\_

Date Closed \_\_\_\_\_ Outcome \_\_\_\_\_

AMOUNT COLLECTED: PLAINTIFF \$ \_\_\_\_\_ DEFENDANT \$ \_\_\_\_\_

Total \$ \_\_\_\_\_