



State of South Carolina
The Family Court of the Eleventh Judicial Circuit
Charles L. Reel, Clerk of Court

Name Change Packet

The employees of the Edgefield County Clerk of Court's office cannot provide you with any legal advice nor can they assist you in completing the following forms. You are acting as your own attorney by filing Pro Se, and you will need to know the steps involved in having your legal action move through the court system. It is your responsibility to know each of those steps. As the Clerk of Court, our office must remain neutral in all matters before the court. Therefore, we will not provide instructions beyond what is provided in this packet. You may want to contact any attorney to help you with this complicated process.

You will need to bring the original paperwork and \$150.00 for the filing of the name change. Our office **only** accepts cash, money order or a certified check from the bank.

****DISCLAIMER: This document provides information pertaining to legal issues, it is not legal advice. Moreover, due to the rapidly changing nature of the law, we make no warranty or guarantee****

Name Change Instructions

1. Call the State Law Enforcement Division (SLED) at 803-896-7005 and select the prompt for Criminal Records/Name Change. SLED will mail you the Name Change Packet, which will include the Records Check Form and two (2) Fingerprint Cards.
 - Take both fingerprint cards to your local Law Enforcement agency to be fingerprinted.
 - Fill out the SLED form
 - Mail form, one (1) fingerprint card, \$25.00 and a self-addressed stamped envelope.
 - Forms will be returned to you by SLED
2. Fill out the Consent to Release Information Form (enclosed) and Mail to the address on the form, along with a Check or Money Order for \$8.00. The form is self-explanatory. Once the search is done, DSS will mail you the completed form. **This form should be signed by you in front of a Notary Public.**
3. Fill out the Family Court Cover Sheet
4. Fill out the Petition for a Name Change. **This form should be signed by you in front of a Notary Public.**
5. Fill out the Affidavit as to whether or not you are under a court order to pay child support or alimony. **This form should be signed by you in front of a Notary Public.**
6. Fill out the Affidavit stating that you have never been convicted of a crime under a name different than the name in which you are filing the petition. **This form should be signed by you in front of a Notary Public.**
7. Fill out the Affidavit stating that you have been a resident of South Carolina for at least six months. Please provide a copy of your Driver's License or Identification Card, as well as proof of residency (ex. Electric Bill, Water Bill, Property Tax Notice, etc.) **This form should be signed by you in front of a Notary Public.**
8. Provide a copy of your Birth Certificate
9. Fill out the Order of Name Change and Amendment of Birth Record
10. Bring all of the above documents to the Edgefield County Family Court, along with \$150.00. Cash, Money Order or Certified Check from the bank. **Our office does not accept Debit or Credit Cards.**

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- becoming or remaining a foster parent or potential adoptive parent; or
- becoming or remaining an employee of or a member of the state or a local foster care review board; or
- becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of _____.

SECTION II. Mail Results To:

ATTN: _____
TEL. NO: _____

SECTION III. Central Registry Check Fees: Please appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See instructions) _____
Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

Signature of Applicant

Date

Signature of Notary or Witness

Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee

Date

INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

SECTION I: Purpose for Request: To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking in the appropriate box.

SECTION II: Mail Results To: Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

SECTION III: Central Registry Fee: Please check appropriate fee box.

SECTION IV: Please type or print legibly the following information:

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

SECTION V: Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services
Attention: CASHIER
1535 Confederate Avenue
P.O. Box 1520
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

PLEASE CALL (803) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

DSS personnel in the Division of Human Services must do the following:

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

Distribution

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 _____)
 Plaintiff,)
 vs.)
 _____)
 Defendant.)

IN THE FAMILY COURT
 _____ JUDICIAL CIRCUIT

FAMILY COURT COVERSHEET

Docket No. _____

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

Submitted by: _____ **SC Bar #** _____
Address: _____ **Telephone #** _____
 _____ **Fax #** _____
Email: _____ **Other:** _____

DOCKETING INFORMATION

- This case is subject to **MEDIATION** pursuant to the Family Court Alternative Dispute Resolution Rules.
- This case is exempt from ADR (certificate attached).

**Nature of Action Codes
 (Check One)**

Marital Dissolution

- Divorce (110)
- Annulment (120)
- Separate Support and Maintenance (130)
- Registration of Foreign Divorce Decree – without support/custody (190)
- Registration of Foreign Divorce Decree – with support/custody (191)
- Marital Dissolution – Other (199) _____

Abuse and Neglect

- Abuse and Neglect – Child (210)
- Abuse and Neglect – Adult (220)
- Abuse and Neglect – Other (299) _____

Juvenile Delinquency

- Truancy (311)
- Incurrable (312)
- Runaway (313)
- Criminal Offense – Drug (315)
- Criminal Offense – Against a Person (316)
- Criminal Offense – Property (317)
- Criminal Offense – Public Order (318)
- Criminal Offense – Other (320)
- Juvenile Delinquency – Other (399) _____

Protection from Domestic Abuse

- Domestic Abuse – Intimate Partner (410)
- Domestic Abuse – Minor (420)
- Registration of Foreign Order of Protection (490)
- Domestic Abuse – Other (499) _____

Support

- Child Support – Private (501)
- Child Support – Administrative Process (502)
- Child Support – Judicial Process (503)
- Registration of Foreign Order of Support (504)
- UIFSA – Outgoing (505)
- UIFSA – Incoming (506)
- Modification of Child Support – Private (507)
- Modification of Child Support – DSS (508)
- Modification of Alimony (525)
- College Expenses (530)
- Support – Other (599) _____

Custody/Visitation

- Child Custody/Visitation (610)
- Modification of Custody/Visitation (615)
- Temporary Custody – Nonparent (616)
- Registration of Foreign Child Custody Order (690)
- Visitation Involvement Parenting (VIP) (DSS only) (691)
- Custody/Visitation – Other (699) _____

Miscellaneous Actions

- Name Change (710)
- Correction/Birth Record (720)
- Judicial Bypass (730)
- Adoption (740)
- Foreign Adoption (741)
- Post Dissolution Equitable Distribution (750)
- Paternity – Private (761)
- Paternity – DSS (762)
- Termination of Parental Rights – Private (771)
- Termination of Parental Rights – DSS (772)
- Miscellaneous Actions – Others (799) _____

Submitting Party Signature: _____ **Date:** _____

Custodial Parent (if applicable): _____

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.

Effective January 1, 2016, family court actions in all counties are subject to mediation. Under the provisions of the Supreme Court's Rules for Alternative Dispute Resolution (ADR), mediation is defined as an informal process in which a third-party mediator facilitates settlement discussions between parties. Any settlement is voluntary. In the absence of settlement, the parties lose none of their rights to trial.

Also under the ADR Rules, the parties may agree on a mediator or the Clerk of Court will appoint a mediator from the certified list. If the Clerk appoints a mediator from the list, the mediator will be certified by the Board of Arbitrator and Mediator Certification and may be either a lawyer, a licensed mental health professional or any other individual meeting the certification requirements.

Whether or not the mediator is a lawyer, if appointed by the court, the charge per hour is set at a specified amount under the provisions of ADR Rule 9. Parties are responsible for payment of the mediator as set out in ADR Rule 9.

SUPREME COURT RULES REQUIRE MEDIATION OF ALL CONTESTED DOMESTIC RELATIONS ACTIONS. IF THE DOCKETING INFORMATION ON PAGE 1 OF THIS COVERSHEET INDICATES THAT THIS CASE IS SUBJECT TO MEDIATION YOU ARE NOTIFIED THAT MEDIATED SETTLEMENT CONFERENCES ARE REQUIRED IN THIS CASE, AND THAT THE COURT-ANNEXED ADR RULES SHALL APPLY TO ALL CASES IN WHICH MEDIATION IS REQUIRED. FOR ADDITIONAL INFORMATION CONCERNING THE PROCESS AND TIME FRAMES, PLEASE CONSULT THE ADR RULES. KEY SECTIONS OF THE RULES ARE IDENTIFIED BELOW.

CONTESTED ACTIONS INVOLVING CUSTODY AND VISITATION

Rule 3	Actions Subject to ADR
Rule 4(d)(1)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

ALL OTHER CONTESTED ACTIONS

Rule 3	Actions Subject to ADR
Rule 4(d)(2)(3)(4) &(5)	Appointment of Mediator by Family Court
Rule 5(g)	Scheduling in Family Court
Rule 6(g)	Agreement in Family Court
Rule 7(f)	Reporting Results of Conference
Rule 9	Compensation of Neutral

Indigent Cases: Where a mediator has been appointed, a party may move before the Chief Judge for Administrative Purposes to be exempted from payment of neutral fees and expenses based upon indigency. Determination of indigency shall be in the sole discretion of the Chief Judge for Administrative Purposes. Application of a party to be exempt from payment of neutral fees due to indigency should be filed prior to the scheduling of the ADR conference.

Please Note: Attendance at mediated settlement conferences is mandatory. You must comply with the Supreme Court rules regarding court-ordered mediation. Failure to do so may affect your case and may result in sanctions.

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §§ 15-36-10 et seq.

STATE OF SOUTH CAROLINA)

IN THE FAMILY COURT OF THE

COUNTY OF _____)

_____ JUDICIAL CIRCUIT

)

In Re: _____)

PETITION FOR NAME CHANGE

Plaintiff)

Docket No. _____

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of _____ County, South Carolina.
2. Petitioner is _____ years of age.
3. Petitioner was born in _____, on _____.
4. The name on Petitioner's birth certificate is _____; a copy of Petitioner's birth certificate is attached hereto.
5. Petitioner wishes to change his/her name to _____.
6. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that she/he is not listed on the division's sex offender registry.
7. Petitioner has attached hereto a screening statement from SCDSS indicating that he/she is not listed on the department's Central Registry of Child Abuse and Neglect.
8. Petitioner has attached hereto an affidavit stating that he/she is not under any court order to pay child support or alimony.
9. Petitioner has attached hereto an affidavit stating that he/she has never been convicted of a crime under a name different than the name in which they are filing the petition.
10. Petitioner has attached hereto an affidavit stating that he/she is a resident of South Carolina and has been for at least six months. Petitioner has attached hereto proof of residency, including a current South Carolina Driver's License or state issued ID card.
11. Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

WHEREFORE, the Petitioner prays:

- A. For an order from the Court legally changing Petitioner's name to _____.
- B. For an order from this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of _____.
- C. For such other and further relief as this Court deems just and equitable.

Respectfully Submitted,

DATE: _____

_____, South Carolina

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public of South Carolina

My Commission Expires: _____

State of South Carolina

County of Edgefield

AFFIDAVIT

Docket No. _____

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

I, _____, am not obligated for any outstanding child support or alimony payments ordered through the court in the name of _____ or _____ . My date of birth is _____ and my Social Security Number is _____.

Signature of Petitioner

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public of South Carolina

My Commission Expires: _____

State of South Carolina

County of Edgefield

AFFIDAVIT

Docket No. _____

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division (SLED). I have never been arrested or convicted of a crime under a name other than the name(s) _____.
2. Below are the names I have used; however, I have never been arrested:
_____, _____, _____
3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

Signature of Petitioner

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public of South Carolina

My Commission Expires: _____

State of South Carolina

County of Edgefield

AFFIDAVIT

Docket No. _____

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

I am currently a resident of the State of South Carolina and have been a resident for at least six months.

Signature of Petitioner

Sworn to and subscribed before me this
_____ day of _____, 20____

Notary Public of South Carolina

My Commission Expires: _____

STATE OF SOUTH CAROLINA
COUNTY OF EDGEFIELD

IN THE FAMILY COURT
ELEVENTH JUDICIAL CIRCUIT

IN RE: CHANGE OF NAME

ORDER AND CERTIFICATE OF NAME
CHANGE AND AMENDMENT OF BIRTH
CERTIFICATE

FROM _____
TO _____

DOCKET NO. _____

PETITIONER

I FIND THAT (1) THIS COURT HAS JURISDICTION OVER THIS MATTER PURSUANT TO § 20-7-420 (8) & (9), SC CODE OF LAWS, 1976, AS AMENDED; (2) THE PARTY IS ENTITLED AND NOT IN ANY WAY DISQUALIFIED TO HAVE HIS/HER NAME CHANGED (3) THAT THE APPLICABLE PROVISIONS OF § 15-49-10, SC CODE OF LAWS, 1976, AS AMENDED, HAVE BEEN COMPLIED WITH; (4) THAT THE FOLLOWING REASONS EXIST FOR THE CHANGE OF NAME:

I FURTHER FIND THAT THE FOLLOWING INFORMATION APPEARS ON THE BIRTH CERTIFICATE OF THE PARTY WHOSE NAME IS TO BE CHANGED:

FULL NAME AT BIRTH

FULL NAME OF FATHER

DATE OF BIRTH

MAIDEN NAME OF MOTHER

BIRTH PLACE: COUNTY & STATE

IT IS THEREFORE ORDERED, THAT THE NAME OF THE PARTY BE CHANGED AND MAY BE SO REFLECTED IN THE BIRTH CERTIFICATE OF PARTY:

FROM _____
TO _____

PETITIONER ADDRESS:

FAMILY COURT JUDGE
EDGEFIELD, SOUTH CAROLINA
_____, 20____

NOTE: FILE ORIGINAL WITH THE CLERK OF COURT, FORWARD CERTIFIED COPY TO:
STATE REGISTRAR OF VITAL STATISTICS, DHEC, 2600 BULL STREET, COLUMBIA, SC 29201