|  |  |  |  |
| --- | --- | --- | --- |
| STATE OF SOUTH CAROLINA |  | ) | IN THE FAMILY COURT |
|  |  | ) | \_\_\_\_\_JUDICIAL CIRCUIT |
| COUNTY OF |  | ) |  |
|  |  | ) |  |
|  |  | ) |  |
|  |  | ) | **DESIGNATION FORM** |
| vs. | Plaintiff, | )  ) | **FOR COURT COSTS** |
|  |  | ) |  |
|  |  | ) |  |
|  | Defendant. | ) | Docket No. |

I acknowledge that South Carolina Code Ann. § 63-3-370 requires that I pay and the Family Court has ordered that I pay court costs in an amount equal to five percent of any support payment made through the Clerk of Court or the centralized wage withholding system. I owe and will pay these costs in addition to my support obligation.

To meet my duty to pay court costs, I designate an amount equal to five percent of the support payment I make to be applied and distributed in payment of court costs, not support.

I authorize the Clerk of Court or, if payments are withheld from my income, the centralized wage withholding system to deduct the fee from every payment made by me or on my behalf.

I acknowledge that should I not pay the full amount due, that an arrearage will accrue and that the Clerk of Court may take enforcement action against me for failure to pay all amounts ordered by the Court.

If an amendment to the law changes the amount of court costs, this designation authorizes deduction of court costs in the amount established by law.

Signed this day of , 20\_\_\_\_\_ at

,\_\_\_\_\_ (City,State).

Signature of Obligor

Printed Name of Obligor

Custodial Parent (if applicable):

SCCA 429 (12/2009)