

**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           Name Change          .

**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 checked="" 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.**

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After receipt by cashier and processing of payment, the Central Registry/DATABASE 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:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Email:** \_\_\_\_\_

**SC Bar #** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**DOCKETING INFORMATION (Check one box below if filing in a Mandatory Mediation County)**

- 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)	
<b>Marital Dissolution</b>	<b>Support</b>
<input type="checkbox"/> Divorce (110)	<input type="checkbox"/> Child Support – Private (501)
<input type="checkbox"/> Annulment (120)	<input type="checkbox"/> Child Support – Administrative Process (502)
<input type="checkbox"/> Separate Support and Maintenance (130)	<input type="checkbox"/> Child Support – Judicial Process (503)
<input type="checkbox"/> Registration of Foreign Divorce Decree – without support/custody (190)	<input type="checkbox"/> Registration of Foreign Order of Support (504)
<input type="checkbox"/> Registration of Foreign Divorce Decree – with support/custody (191)	<input type="checkbox"/> UIFSA – Outgoing (505)
<input type="checkbox"/> Marital Dissolution – Other (199) _____	<input type="checkbox"/> UIFSA – Incoming (506)
	<input type="checkbox"/> Modification of Child Support – Private (507)
	<input type="checkbox"/> Modification of Child Support – DSS (508)
<b>Abuse and Neglect</b>	<input type="checkbox"/> Modification of Alimony (525)
<input type="checkbox"/> Abuse and Neglect – Child (210)	<input type="checkbox"/> College Expenses (530)
<input type="checkbox"/> Abuse and Neglect – Adult (220)	<input type="checkbox"/> Support – Other (599) _____
<input type="checkbox"/> Abuse and Neglect – Other (299) _____	
	<b>Custody/Visitation</b>
	<input type="checkbox"/> Child Custody/Visitation (610)
<b>Juvenile Delinquency</b>	<input type="checkbox"/> Modification of Custody/Visitation (615)
<input type="checkbox"/> Truancy (311)	<input type="checkbox"/> Registration of Foreign Child Custody Order (690)
<input type="checkbox"/> Incurable (312)	<input type="checkbox"/> Custody/Visitation – Other (699) _____
<input type="checkbox"/> Runaway (313)	
<input type="checkbox"/> Criminal Offense (320)	<b>Miscellaneous Actions</b>
<input type="checkbox"/> Juvenile Delinquency – Other (399) _____	<input checked="" type="checkbox"/> Name Change (710)
	<input type="checkbox"/> Correction/Birth Record (720)
	<input type="checkbox"/> Judicial Bypass (730)
	<input type="checkbox"/> Adoption (740)
<b>Protection from Domestic Abuse</b>	<input type="checkbox"/> Foreign Adoption (741)
<input type="checkbox"/> Domestic Abuse – Intimate Partner (410)	<input type="checkbox"/> Post Dissolution Equitable Distribution (750)
<input type="checkbox"/> Domestic Abuse – Minor (420)	<input type="checkbox"/> Paternity – Private (761)
<input type="checkbox"/> Registration of Foreign Order of Protection (490)	<input type="checkbox"/> Paternity – DSS (762)
<input type="checkbox"/> Domestic Abuse – Other (499) _____	<input type="checkbox"/> Termination of Parental Rights – Private (771)
	<input type="checkbox"/> Termination of Parental Rights – DSS (772)
	<input type="checkbox"/> 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.

SCCA 467 (6/2011)

STATE OF SOUTH CAROLINA	)	
	)	IN THE FAMILY COURT OF THE
COUNTY OF _____	)	_____ JUDICIAL DISTRICT
	)	
In Re: _____	)	<b>PETITION FOR NAME CHANGE</b>
	)	
Plaintiff.	)	Case 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 \_\_\_\_\_.
6. Petitioner wishes to change his/her name to \_\_\_\_\_.
7. 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.
8. Petitioner has attached hereto a screening statement from SCDSS indicating that she/he is  
not listed on the department’s Central Registry of Child Abuse and Neglect.
9. Petitioner has attached hereto an affidavit stating that she/he is not under any court order  
to pay child support or alimony.
10. 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 this 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

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
In re: \_\_\_\_\_, )  
 )  
Plaintiff. )  
 )  
 )

IN THE FAMILY COURT  
\_\_\_\_\_ JUDICIAL DISTRICT  
C.A. NO.:

**AFFIDAVIT**

The undersigned, being duly sworn, states the following:

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 \_\_\_\_\_.

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

State of South Carolina )  
 )  
County of \_\_\_\_\_ )

AFFIDAVIT

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. 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 for South Carolina  
My Commission Expires: \_\_\_\_\_

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

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

**REQUEST FOR HEARING**

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

Plaintiff's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_

Time Needed: \_\_\_\_\_

Dates and Times Unavailable: \_\_\_\_\_

Child Custody at Issue:  Yes  No

Are Other Issues Contested  Yes  No If yes, explain: \_\_\_\_\_

If yes to either above, submit a mediation report.

Comments and Issues: \_\_\_\_\_

Hearing Requested by: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

For:  Plaintiff  Defendant

**\*\*\*\*Section below to be completed by Clerk of Court. \*\*\*\***

The hearing in this matter is scheduled for \_\_\_\_ day of \_\_\_\_\_ 20\_\_, at \_\_\_\_:\_\_\_\_  
a.m./p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_ for \_\_\_\_\_ (length of time).



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

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

**MOTION AND ORDER INFORMATION  
 FORM AND COVERSHEET**

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

Plaintiff's Attorney: _____, Bar No. _____ Address _____ Phone: _____ Fax: _____ Email: _____ Other: _____	Defendant's Attorney: _____, Bar No. _____ Address: _____ Phone: _____ Fax: _____ Email: _____ Other: _____
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- MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)
- FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)
- PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)

**SECTION I: Hearing Information**

Nature of Motion: \_\_\_\_\_  
 Estimated Time Needed: \_\_\_\_\_ Court Reporter Needed:  YES  NO

**SECTION II: Motion/Order Type**

- Written motion attached
  - Form Motion/Order
- I hereby move for relief or action by the court as set forth in the attached proposed order.

\_\_\_\_\_  
 Signature of Attorney for  Plaintiff /  Defendant Date Submitted

**SECTION III: Motion Fee**

- PAID – AMOUNT: \$ \_\_\_\_\_
- EXEMPT: (check reason)
  - Rule to Show Cause in Child or Spousal Support
  - Domestic Abuse or Abuse and Neglect
  - Indigent Status  State Agency v. Indigent Party
  - Sexually Violent Predator Act  Post-Conviction Relief
  - Motion for Stay in Bankruptcy
  - Motion for Publication  Motion for Execution (Rule 69, SCRPC)
  - Proposed order submitted at request of the court; or,  
 reduced to writing from motion make in open court per judge's instructions  
 Name of Court Reporter: \_\_\_\_\_
  - Other: \_\_\_\_\_

**JUDGE'S SECTION**

- Motion Fee to be paid upon filing of the attached order.
- Other: \_\_\_\_\_

JUDGE CODE \_\_\_\_\_ Date \_\_\_\_\_

Judge Signature \_\_\_\_\_

**CLERK'S VERIFICATION**

Collected by: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
 MOTION FEE COLLECTED: \$ \_\_\_\_\_  
 CONTESTED – AMOUNT DUE: \$ \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
COUNTY OF )  
 )  
\_\_\_\_\_, )  
Petitioner) )  
 )  
 )

IN THE FAMILY COURT  
SEVENTH JUDICIAL CIRCUIT

**ORDER TO CHANGE NAME**

\_\_\_\_\_  
CASE NUMBER

Hearing Date: \_\_\_\_\_

Presiding Judge: \_\_\_\_\_

This matter is before the Court upon a petition filed seeking an Order legally changing the  
Petitioner's name from \_\_\_\_\_ to  
\_\_\_\_\_.

Based upon the pleadings, exhibits and affidavits submitted to the Court, I make the following  
findings:

1. The Petitioner is a citizen and resident of the State of South Carolina, and this Court has personal jurisdiction over the Petitioner.
2. This Court has jurisdiction over the subject matter of this action pursuant to S.C. Code Ann. § 63-3-530.
3. That the Petitioner is over the age of eighteen (18) years of age and has a date of birth of \_\_\_\_\_, as shown on his/her birth certificate, a copy of which was filed with this Court.
4. The applicable provisions of S.C. Code Ann. § 15-49-10 have been complied with and the requisite affidavits and documents have been made a part of the Court's file.
5. The Petitioner is entitled to and is not in any way disqualified from having his/her name changed.
6. The Petitioner is not seeking to change his/her name to avoid creditors or prosecution or for any fraudulent, illegal, or improper purpose.
7. The Petitioner shall be permitted to change his/her name from \_\_\_\_\_ to \_\_\_\_\_.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Petitioner's name shall be  
changed to \_\_\_\_\_.

IT IS ORDERED.

\_\_\_\_\_  
FAMILY COURT JUDGE

SIGNED THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, 20\_\_\_\_.

## NAME CHANGE INSTRUCTIONS

To file for a name change in Family Court you will need to follow these steps:

1. **Fill out DSS Form 3072 (enclosed)**  
**Mail to: South Carolina Department of Social Services**  
**Attn: CASHIER**  
**1535 Confederate Avenue**  
**P.O. Box 1520**  
**Columbia, SC 29202-1520**  
**Send a self addressed stamped envelope along with the \$8.00 fee. The form will be returned to you by mail.**
2. **Contact SLED at (803) 896-1443 to request a Name Change Packet, which will include the Records Check Form (enclosed) and two Fingerprint Cards.**
  - **When the packet arrives in the mail, take both Fingerprint Cards to local law enforcement center to be fingerprinted.**
  - **Fill out the SLED forms**
  - **Mail forms, send one Fingerprint Card, the \$25.00 fee and a self addressed stamped envelope to the address provided on the paperwork.**
  - **Forms will be returned to you by mail**
3. **Fill out Family Court Coversheet, Information Sheet, Petition for Name Change, Child Support/Alimony Affidavit, and Hearing Request.**
4. **Bring an original Long Form Birth Certificate to be filed in our office.**
5. **Bring all documents with the original and 1 copy along with the second Fingerprint Card, \$150.00 filing fee and a self addressed stamped envelope to our office.**
6. **After filing your documents a hearing date will be mailed to you in the self addressed stamped envelope you provided.**
7. **Bring to Court:**
  - **Your copy of all forms**
  - **Motion Coversheet (form SCCA233F)**
  - **Order & Certificate of Name Change and Amendment of Birth Record form.**