

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

CIVIL CASE NUMBER
IN THE MAGISTRATES COURT

)
) PLAINTIFF)
)
) STREET ADDRESS)
)
)
) CITY STATE ZIP CODE)
)
) TELEPHONE)

VS.

COMPLAINT

)
) DEFENDANT)
)
) STREET ADDRESS)
)
)
) CITY STATE ZIP CODE)
)
) TELEPHONE)

I, _____, the plaintiff in this civil action do make the following claims:

1. I believe that the defendant, _____, is a resident of _____ county, and resides at _____ which is within the jurisdiction of this court.

2. I make this complaint on the following: _____

(Attach supplement if necessary)

3. I believe, because of the above information, that I am entitled to and do request a judgment for \$_____ and / or other relief as below requested: _____
_____ including the costs of this action.

I state under penalty of perjury that the above is correct and truthful.

Dated: _____

Signature of Plaintiff
(or his attorney)

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 _____)
 PLAINTIFF(S))
)
 VS.)
)
 _____)
 DEFENDANT(S))

 CIVIL CASE NUMBER
 IN THE MAGISTRATE'S COURT
 AFFIDAVIT AND ITEMIZATION
 OF ACCOUNTS

Plaintiff, _____, personally appearing before me, who, being duly sworn, states that he is the plaintiff in this action, and that the itemization of accounts which follows is true and correct.

He further states that no part of the sum included in the itemization below has been paid or satisfied in any fashion, and is today due and owed to him.

ITEMIZATION OF ACCOUNTS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

(Copies of bills, papers or other proof of any of the above accounts should be attached to this document.)

Sworn to and Subscribed before me)
 this _____ day of _____, 2____.)
)
 _____)
 Magistrate or Notary Public for South Carolina)
)
 My Commission expires _____)

 PLAINTIFF (or his attorney)