

**GWENDOLYN DORN CHILES**  
**CLERK OF COURT, MCCORMICK COUNTY**  
133 S. MINE STREET, RM #102  
MCCORMICK, SOUTH CAROLINA  
[gchiles@mccormickcountysc.org](mailto:gchiles@mccormickcountysc.org)

**TELEPHONE (864) 852-2195**

**FAX (864) 852-0071**

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

Your Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Employers Name \_\_\_\_\_

Employers Address \_\_\_\_\_

\_\_\_\_\_ Employers Telephone # \_\_\_\_\_

Please complete the above information and return this form to this office at once.  
Your assistance in this matter will be appreciated and will help this office to better  
handle your support case.

Thank you,

\_\_\_\_\_