



State of South Carolina	In the Magistrates Court
County of _____ [Fill in the County Where this Form will be Filed]	Case No. _____ [Fill in Civil Case Number]

Plaintiff(s): _____ vs.	Defendant(s): _____
Plaintiff's Address: _____ _____	Defendant(s) Address: _____ _____
Telephone: _____	Telephone: _____

### Complaint

I, [Fill in Name of Plaintiff] \_\_\_\_\_, the plaintiff in this civil action, do make the following claims:

1. I believe the defendant, [Fill in Name of Defendant] \_\_\_\_\_, is a resident of [Fill in County Defendant Resides In] \_\_\_\_\_ County, and resides at [Fill in Defendant Address] \_\_\_\_\_, and this Complaint is properly filed in [Fill in County Complaint Filled In] \_\_\_\_\_ County.

2. I make this complaint upon the following (Attach supplement if necessary)

[Fill in Reason for Complaint, Attach Supplement If Necessary]:

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**SOUTH CAROLINA  
JUDICIAL BRANCH**

3. I believe, because of the above information, that I am entitled to and do request a judgment for [Fill in Amount of Judgement in Dollars (\$) \$ \_\_\_\_\_] and/or other relief, including any costs resulting in this action, as requested below

[Fill in Requested Relief Including Any Costs Resulting in This Action]:

\_\_\_\_\_  
\_\_\_\_\_

I state under penalty of perjury that the above is correct and truthful, except those statements based on my information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff (or their 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)