SOUTH CAROLINA
JUDICIAL BRANCH

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

Affidavit and Complaint
(Claim and Delivery)

Plaintiff, [Fill in Plaintiff Name] _____, personally appearing before me, who being duly sworn, states the following:

1. The plaintiff is the owner, or is entitled to possession, of the property described below (Give detailed description of each item) [Fill in Detailed Description of Property Plaintiff Owns or is Entitled to Possess]: _____

2. The property described above is being wrongfully withheld by the defendant, [Fill in Name of Defendant] _____.

3. To the best knowledge of the plaintiff, the property is being withheld by the defendant because [Fill in Reason Property is Withheld by Defendant]: _____

4. The property was / was not [Fill in if the Property Was or Was Not Due Any Tax, Fine or Assessment (was or was not)]_____ taken from the ownership or possession of the plaintiff due to any tax, fine or assessment (and if so seized, it should not have been by virtue of its exempt status).

5. The actual value of the above described property is (Itemize and give total if more than one item involved):

   Total: $ _____
   [Fill in Total Actual Value of Property in Dollars]

   That this amount has been determined in the following manner, to wit:

[Fill in How Total Actual Value was Determined]:
_____
_____
_____
_____

6. The Notice of Right to Cure as required by Section 37-5-110 and Section 37-5-111, Code of laws of South Carolina, 1976, as amended, has been given on [Fill in Date Notice of Right to Cure Was Given] _____ (date).

   **this is not required for submission if no Notice was received*

Dated: _____
[Fill in Date Affidavit and Complaint Signed]

I swear or affirm that I know the facts above to be true. I believe anything above that is stated on information and belief to be true.

_____
Signature of Plaintiff or Person filing on behalf of Plaintiff

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Sworn to and subscribed before me this [Fill in Day Sworn] ____ day of [Fill in Month Sworn] _____, [Fill in Year Sworn] _____.

_____
Signature of Notary Public

_____
Printed Name of Notary Public

My Commission expires the [Fill in Expiration Day] _____ day of [Fill in Expiration Month] _____, [Fill in Expiration Year] _____.