



State of South Carolina	In the Magistrates Court
County of _____	

Plaintiff: _____	Civil Case Number _____
vs.	
Defendant(s): _____	

Complaint

Plaintiff Information:

Street Address: _____

City, State Zip: _____

Telephone: _____

Email Address: _____

Defendant(s) Information:

Street Address: _____

City, State Zip: _____



Telephone: _____

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]:

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)