

PROCEDURES FOR FILING A SMALL CLAIMS SUIT

BLUFFTON MAGISTRATE
4819 BLUFFTON PARKWAY
POST OFFICE BOX 840
BLUFFTON, SC 29910
PHONE: (843) 255-5610
FAX: (843) 255-9517
HOURS: 8:00 AM – 4:00 PM
MONDAY – FRIDAY

JURISDICTION: Magistrate's Court has a jurisdictional limit of \$7,500.00 or less. If you wish to claim more than that amount, you should contact an attorney.

FILING: The filing fee is \$80.00, which includes a \$10.00 service fee. If your Complaint needs to be notarized, it can be done in our presence for an additional two dollars (\$2.00). Submit the original and one copy of the complaint packet. Any attachments must also be in duplicate. Please provide the Court with a clear and accurate address for the defendant. You may also provide us with a work address for service.

VENUE: The Defendant(s), the person being sued, must be a resident of Beaufort County located in the jurisdiction of the Bluffton Magistrate. A business generally must be located in Beaufort County.

PROPER NAME: When filing against a person, that person's proper name must be listed in the Complaint. If filing against a corporation, the service must be upon a corporate officer or registered agent and the proper name of the corporation must be listed as the Defendant(s). The county business license office or the S.C. Secretary of State's Office can assist with corporate names and agents.

COMPLAINT: All small claims actions should be filled out on the standard forms provided through the Court unless filed by an attorney. **COURT CLERKS ARE NOT PERMITTED TO GIVE LEGAL ADVICE OR EVALUATE YOUR CASE.** Claims submitted to the Court must be legible, explain why the complaint is being filed, and must include such things as invoice numbers, dates, check numbers, or verification of whatever other transactions exist between parties.

SUMMONS: After filing the complaint with the appropriate fees, the Magistrate Court will issue a Summons with instructions to the Defendant(s), requiring the Defendant(s) to file a written Answer on forms provided by the Court within thirty (30) days after service of the Complaint.

ANSWER: If the Defendant(s) fails to file an Answer to the Complaint within thirty (30) days of service, the Complaint and facts therein are admitted as true. Once the answer is filed with the Court, a copy is mailed to the Plaintiff(s). If indicated, a court date will also be mailed to both parties.

COUNTERCLAIMS: There is no fee to file a Counterclaim. The Counterclaim will be mailed to the Plaintiff(s) with a Counterclaim Answer Form and instructions.

DEFAULTS: If the Defendant(s) does not answer the Complaint within the thirty (30) day period, the Plaintiff(s) may receive a Default of Judgment. A Default Hearing will be held after the thirty (30) day Answer period has ended. A Default Judgment may be awarded at that time.

TRIAL IN ABSENCE: If the Plaintiff(s) does not appear on the day of trial, the action is usually dismissed. If the Defendant(s) does not appear on the day of trial, the Plaintiff(s) may proceed with testimony and a Judgment may be issued. Either party may request the case to be reopened in writing to the Court with good cause proven within ten (10) days of the trial date.

EVIDENCE: A written, notarized, out-of-court statement cannot be used as evidence. Any witness for either side must appear in person on the trial date to testify. Any party may subpoena a witness by paying a Subpoena Fee of \$8.00 to the Court. The Witness Fee is \$25.00 per witness. Witness fees should be paid in the form of a money order to be presented to the witness on the trial date by the party that is subpoenaing the witness. Submit this information to the Court two (2) weeks prior to the assigned court date.

SERVICE: The Summons is served by the Beaufort County Sheriff's Office. Questions regarding service should be directed to the Sheriff's Civil Department by contacting (843) 255-3200. The Court will send a notice of non-service when a Complaint is returned, which requires the Plaintiff(s) to submit a new address along with a \$10.00 service fee within thirty (30) days from the date of the letter; otherwise, the case will be dismissed.

JUDGMENTS: If the Court issues a written judgment in the action, upon payment, the non-prevailing party is obligated to file a Satisfaction of Judgment with the Court. If the judgment is unpaid, the prevailing party may request a Transcript of Judgment and an Execution against Property, which may be filed with the Beaufort County Clerk of Court's Office and will be on record for ten (10) years and draw interest at a statutory rate.

JURY TRIAL: Either party has the right to request a Jury Trial. This request must be made at least five (5) days prior to the assigned court date.

APPEAL: An appeal must be filed in writing within thirty (30) days from the notification of decision of the Court. The filing fee of \$10.00 must be paid to the Bluffton Magistrate Court within the same thirty (30) days.

BUSINESSES: If you are representing a Plaintiff or Defendant business and are not an attorney, the authority of that business must file a Non-Lawyer Representation Form. This form must be filed with the Complaint or Answer. Please ask the court clerk for a form or you may download one at www.sccourts.org, Magistrate Court Forms and Rules.

**STATE OF SOUTH CAROLINA
COUNTY OF BEAUFORT**

**CIVIL CASE NUMBER
IN THE MAGISTRATE'S COURT**

PLAINTIFF(S)

MAILING ADDRESS

CITY, STATE, ZIP

TELEPHONE

VS

COMPLAINT

DEFENDANT(S)

MAILING ADDRESS

CITY, STATE, ZIP

TELEPHONE

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

1. I believe that the Defendant(s), _____ is a/are resident(s) of Beaufort County, and reside(s) at _____ which is within the jurisdiction of the Bluffton Magistrate or this Complaint is properly filed in Beaufort County.

2. I make the complaint based 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 any costs resulting in this action:

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

Dated: _____

Signature of Plaintiff or Attorney

STATE OF SOUTH CAROLINA
COUNTY OF BEAUFORT

CIVIL CASE NUMBER
IN THE MAGISTRATE'S COURT

PLAINTIFF(S)

VS

AFFIDAVIT AND ITEMIZATION
OF ACCOUNTS

DEFENDANT

MAILING ADDRESS

CITY, STATE, ZIP

TELEPHONE

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 follow 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, paper or other proof of any of the above accounts should be attached to this document.)

SWORN to and Subscribed before me)
)
This _____ day of _____, 20____)
)
_____)
Notary Public of South Carolina)
)
My Commission expires: _____)

Signature of Plaintiff or Attorney

PLAINTIFF(S)

VS

DEFENDANT

**AUTHORIZATION FOR
NON-LAWYER REPRESENTATIVE**

MAILING ADDRESS

CITY, STATE, ZIP

TELEPHONE

I, THE UNDERSIGNED, AS _____ OF
(Title/Relationship to Business)

_____ AUTHORIZE _____
(Name of Business) (Name of Representative)

A NON-LAWYER, TO REPRESENT THIS BUSINESS IN CIVIL ACTIONS IN MAGISTRATE'S COURT. I ACKNOWLEDGE THAT THE BUSINESS IS LEGALLY BOUND BY ALL ACTIONS UNDERTAKEN BY THE REPRESENTATIVE DURING THE COURSE OF REPRESENTATION, AS WELL AS TO ANY JUDGMENT OF THE COURT OBTAINED THEREFROM. I FURTHER ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE COURT OF ANY CHANGE IN THE STATUS OF THIS AUTHORIZATION.

SWORN to and subscribed before me,

This ____ day of _____, 20____

(Signature)

Notary Public for South Carolina

(Printed Name)

My Commission Expires: _____

For: _____
(Business Name)