

SLED USE ONLY)
 SID # _____)
 UCN # _____)
 ATN # _____)
 Case # _____)
 Date Processed: _____)
 Employee Initials: _____)
)
)
)

**ORDER OF OFFENSE MODIFICATION/LESSER INCLUDED
 PROSECUTORIAL AUTHORITY USE ONLY**

*Defendant's Name: _____
 *Date of Birth: _____
 Social Security Number: _____

**Specifies mandatory fields. Order will be returned if not provided.*
**INFORMATION MUST BE
 LEGIBLE**

*Arresting Agency: _____
 *Date of Arrest: _____

*Original Offense(s)	*Original CDR Code/Statute	*Original Warrant/Ticket #

*Modified/Lesser Included Offense(s)	*Modified/Lesser Included CDR Code/Statute

Request for Modification Made By:

The requested modification is SO ORDERED.

In the Court of _____

 Prosecutorial Authority (Solicitor/Prosecuting Officer)

 Presiding Judge and Judge Code

 Printed Name

 Contact Number

Signed this _____ Day of _____

Signed this _____ Day of _____

Order may be mailed to the South Carolina Law Enforcement Division (SLED), Attention: CCH Department, Post Office Box 21398, Columbia, SC 29211 or faxed to 803-896-7022.

**This form is only to be used when the original arrest charge is being changed to a lesser included charge. The original date of arrest and warrant/ticket # will remain the same.