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| --- | --- | --- |
| **SLED USE ONLY** | ) | **ORDER OF OFFENSE MODIFICATION/LESSER INCLUDED** |
| SID # |  | ) | PROSECUTORIAL AUTHORITY USE ONLY |
| UCN # |  | ) |  |
| ATN # |  | ) |  |
| Case # |  | ) |  | \*Defendant’s Name: |  |
| Date Processed: |  | ) |  | \*Date of Birth: |  |
| Employee Initials: |  | ) |  | 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. |