

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY  
Governor



MARK A. KEEL  
Chief

## CHALLENGE PROCEDURES SOUTH CAROLINA CRIMINAL RECORD

1. You must be fingerprinted at a law enforcement agency on a blue applicant fingerprint card. (You should contact your local law enforcement agency for times and fees).
2. You must have a picture ID at the time of fingerprinting and a copy must accompany your fingerprint card for challenge. The fingerprint card and attached form (on back) must be completely filled in and the "Reason for Fingerprinted" should be "Challenge of Criminal Record".  
*(The mailing address of the individual who is requesting the challenge must be legible and complete including zip code.)*
3. The challenge must be for information obtained from a SLED criminal history background check. (SLED cannot challenge information obtained from third party background companies). If you need a copy of your SLED background check you must enclose a \$25.00 money order payable to SLED. If you have already purchased a SLED background check obtained from the SLED CATCH website at [www.sled.sc.gov](http://www.sled.sc.gov), please enclose with challenge for updated information.

Mail to:

**SLED Crime Information Center, Attention Debbie Monts  
Post Office Box 21398  
Columbia, South Carolina 29221**

*Fingerprint cards will not be returned.*

**\*\*\*THE CHALLENGE MUST BE FOR A CRIMINAL ARREST IN SOUTH CAROLINA.\*\*\***



An Accredited Law Enforcement Agency

P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7588



## South Carolina Law Enforcement Division

### Challenge of South Carolina Criminal Arrest Record Please use a blue applicant fingerprint card.

#### Personal Information

FULL NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

HOME PHONE:(\_\_\_\_\_)\_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_)\_\_\_\_\_

SOCIAL SECURITY NUMBER:\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### \*Law Enforcement Agency Information

\*Agency fingerprinting please fill in.

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

PHONE:(\_\_\_\_\_)\_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

Please check if a copy of results is needed for your agency's files.

#### SC Law Enforcement Division Use Only

SID # \_\_\_\_\_

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