



Application for Removal from the S.C. Sex Offender Registry

I hereby make the following application to SLED and hereby certify that the information on this form is true and accurate, under penalty of perjury.

Name: Last, First, Middle Suffix (Sr., Jr., III) Maiden

Social Security #: ###-##-#### Date of Birth: YYYY/MM/DD

Contact: Current Address (# Street, Apt) City State Zip County Phone Number Email

County and State of Conviction/Adjudication: County of Current Registration:

List all Convictions/Adjudications for which you are required to register (Use additional pages, if needed):

- I understand that I must continue to register on the S.C. Sex Offender Registry until I have received written notice from SLED that I am no longer required to do so. (Initial)
I have been registered as a sex offender for at least ___ years. (Initial)
I have included 2 sets of my fingerprints (Blue Card (FD-258)) for SLED to conduct a fingerprint-based state and federal criminal history check. (Initial)
I have not been convicted of failure to register within the previous ten years. (Initial)
I have not been convicted of any additional sexual offense or violent sexual offense after being placed on the registry. (Initial)
I have included a filing fee of \$250.00, which I understand is not refundable regardless of the outcome of this application. Payment must be in the form of a certified check or cashier's check, No Personal Checks. (Initial)
I have included all sentencing sheets, or other disposition documents, for all convictions requiring sex offender registration. (Initial)
I have "successfully completed all sex offender treatment programs that were required," and I have provided official documentation acknowledging successful completion (Documents attached). (Initial)

List the name and address of the treatment program: _____

Out-of-State Offenders must also complete the following:

- I was required to register as an offender because of a conviction in another state or because of a federal conviction and am eligible to be removed under the laws of the jurisdiction where the conviction occurred. (Initial)
I have provided proof of my eligibility for and/or proof of my removal from the registry in the state/territory where my conviction occurred. (Initial)

I understand that I must wait 5 years to reapply if my application is denied.

I also understand that there is no appeal to SLED, and should I wish to challenge a denial, I must file a motion with the general sessions court in accordance with S.C. Code Ann. § 23-3-463.

Signature of Applicant Date

SLED USE ONLY Date Received: Application #:

Mail completed form and required enclosures to:

Application for Sex Offender Registry Removal
SLED SOR Unit
P.O. Box 21398
Columbia, South Carolina 29221