CASA
Court Appointed Special Advocates
FOR CHILDREN
RICHLAND COUNTY

REQUEST FOR SLED CRIMINAL BACKGROUND CHECK

Please print clearly

LAST NAME: _____ FIRST: _____

MIDDLE: _____ MAIDEN: _____

DOB: _____ RACE: _____ SEX: _____

SSN: _____

Have you ever been convicted of a crime? **YES** **NO**

If yes, where _____ and when _____?
(City, State) (Date)

I understand that the above information will be used to conduct a criminal records check. I give my permission for a check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

_____ _____
Signature Date

Search results:

☐ NO RECORD FOUND _____

☐ RECORD FOUND _____

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.