

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

INVESTIGATOR APPLICATION

1. Full Name: _____
2. Residence address: _____
3. Business address: _____
4. Work telephone number: _____
5. Cell phone number: _____
6. Email: _____
7. Tax Identification number: _____
8. SLED Investigator License Number: _____

NOTE: CERTIFIED COPY OF SLED LICENSE MUST BE SUBMITTED WITH APPLICATION.

The above named applicant hereby swears or affirms: That he/she is currently licensed by SLED as a private investigator in the State of South Carolina. That the applicant has read and agrees to follow in each and every detail the investigator guidelines and regulations adopted by the South Carolina Commission on Indigent Defense.

Applicant understands this Application does not create the relationship of agent, servant, employee or any other association between SCCID and investigator. Investigator is solely the agent for the Attorney with whom he has agreed to perform investigative services. The sole purpose of this application is to screen applicants to insure they meet the requirements of the SCCID Investigator Policies attached hereto. **(Initialed copy (by investigator) of policy must be submitted with application).**

Applicant Signature

Date

SWORN TO BEFORE me this _____ day of _____, 20__.

Notary Public for South Carolina
My commission expires: