



CLEMENT RIVERS, LLP

ATTORNEYS AT LAW

Russell G. Hines
Partner

Direct Dial: (843) 720-5488
Direct Fax: (843) 579-1327
E-mail: RHines@yclr.com

November 8, 2022

VIA EMAIL ONLY

Josie Boehm
JBoehm@CharlestonCounty.org

Re: Maybank Holding's, LLC v. James Island Center, LLC
Appellate Case No.: 2022-001359
Case No.: 2017-CP-10-06111
YCR File: 10261-20180054

RECEIVED

Nov 08 2022

SC Court of Appeals

Dear Ms. Boehm:

This law firm represents James Island Center, LLC in the above-referenced matter. In that regard, I would like to request a hearing transcript in the above-referenced matter. The hearing was held on September 7, 2022 in front of the Honorable Mikell Scarborough, Master-in-Equity. Also enclosed is a Transcript Request Form SCCA800, reflecting this request.

Please inform me if you require a deposit prior to mailing us a copy and we will send it immediately, otherwise we will remit payment upon receipt of your invoice. If you have any questions, please contact me at the telephone number listed above. With best wishes and kindest regards, I am

Sincerely,

CLEMENT RIVERS, LLP

s/Russell G. Hines

Russell G. Hines
Partner

RGH/amj
Enclosure

cc: Jenny Abbott Kitchings, Clerk of Court, South Carolina Court of Appeals
South Carolina Court Administration
Justin P. Novak, Esquire, Barnwell Whaley Patterson & Helms, LLC
E. Merritt Farmer, Jr., Esquire, The Farmer Law Firm, LLC
M. Dawes Cooke, Jr., Esquire, Barnwell Whaley Patterson & Helms, LLC

Transcript Request Form

Pursuant to Rule 207 and 607 of the South Carolina Appellate Court Rules, the transcribed paper copy is the official record of court proceedings. You may request a transcript by completing this form and emailing it to the Court Reporter and to South Carolina Court Administration at transcripts@sccourts.org. Click [here](#) for instructions on how to find the court reporter's email and mailing addresses. Once the court reporter receives your request, it will be processed pursuant to Rule 207 and 607 of the SCACR. Rule 607(h) governs the fees for transcripts, which are not provided for free or at reduced rates to any party. Please send by mail a money order or certified bank check to the court reporter in order to obtain the transcript. Some court reporters may accept personal checks. Please check with the court reporter to see if this option is available. Once your request is received, you will receive a copy of this form with the bottom portion completed. Please promptly submit your payment in order for the transcript to be provided. If you need to cancel the transcript request for any reason, you are responsible for paying for the pages of the transcript that have already been completed at the time of the cancellation.

Requestor's Information			
Full Name <u>Russell G. Hines</u>		Phone Number <u>(843) 720-5488</u>	Email Address <u>rhines@ycrlaw.com</u>
Mailing Address <u>25 Calhoun Street, Suite 400</u>		City <u>Charleston</u>	State <u>SC</u>
Transcript Information			
Docket Number <u>2017-CP-10-06111</u>		Case Caption (i.e. State v. John Doe or Smith v. Smith) <u>Maybank Holding's, LLC v. James Island Center, LLC</u>	
Date(s) of Proceeding <u>September 7, 2022</u>		Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>	County <u>Charleston County</u>
Presiding Judge <u>Mikell Scarborough, Master-In-Equity</u>		Expedited Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Court Reporter(s) <u>Josie Boehm</u>		Opposing Counsel <u>Justin P. Novak; E. Merritt Farmer, Jr., and M. Dawes Cooke, Jr.</u>	

Requestor's Signature: s/Russell G. Hines
(Typed name will serve as signature)

Date: November 8, 2022

Note: If you are ordering a transcript pursuant to Rule 207(a)(1), SCACR, you must contemporaneously furnish all parties, the Office of Court Administration, and the clerk of the appellate court with copies of all correspondence with the court reporter.

For Court Reporter Use Only			
Full Name _____		Date Received _____	Email Address _____
Notice of Estimate to Requestor Party Date: _____ Number of Pages: _____ Estimated Amount _____			
Mailing Address for Payment _____		City _____	State _____
		Zip Code _____	