

NINTH CIRCUIT PUBLIC DEFENDER
BERKELEY & CHARLESTON COUNTY
O.T. WALLACE COUNTY OFFICE BUILDING
101 MEETING STREET, 5th FLOOR
CHARLESTON, SC 29401-2214
(843) 958-1850
(843) 958-1860 (fax)
publicdefender@charlestoncounty.org

RECEIVED
Feb 05 2024
SC Court of Appeals

February 05, 2024

Derick Wayne Brooks,
Inmate # 393064
Kirkland Correctional Institute
4344 Broad River Rd.
Columbia, SC 29210

RE: Appeal Requirement for Appellate Case No: 2024-000111

The State, Respondent,
v.
Derick Wayne Brooks, Appellant.

Dear Mr. Brooks:

I have submitted your notice of appeal from your guilty plea, as you requested. The Clerk of Court from the Court of Appeals, in Columbia, has received the notice. I have included the notice I filed with this letter.

According to court rules, a basis for an appeal needs to be noted for a guilty plea appeal. At the time I filed the notice of our intent to appeal, I did not know of any arguable legal issue that was raised and preserved at the plea hearing, which I was required to note in my filing.

The Clerk has requested that you send them a legal basis for your appeal. You need to provide, in writing, any arguable basis that there are issues preserved for appeal. You have 20 days to respond (from the date of this letter).

You should write the Clerk of Court at the following address:

South Carolina Court of Appeals
P.O. Box 11629
Columbia, SC 29211

When you write the Clerk, please include the caption (with the name of your case) that I noted above, in addition to the case number also noted above. If you do not write the Clerk with a basis for an appeal within that 20-day time period, then the appeal will be dismissed.

You can still pursue other avenues, such as Post Conviction Relief.

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publicdefender@charlestoncounty.org

If you have any questions, or need assistance, please let me know.

Sincerely,



Mary A. Ford, Esquire (#73776)
Charleston Co. Public Defender Office, O.T. Wallace Bldg.
101 Meeting Street, 5th Floor
Charleston, SC 29401
843-958-1850

Enclosure: As stated

cc: Clerk of Court (Court of Appeals)

RECEIVED

Jan 25 2024

SC Court of Appeals

**THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS**

**APPEAL FROM CHARLESTON COUNTY
Court of General Sessions**

The Honorable Deadra L. Jefferson, Presiding Judge

**INDICTMENT NO(S): 2023-GS-10-05286
WARRANT NO(S): 2023A1010201337**

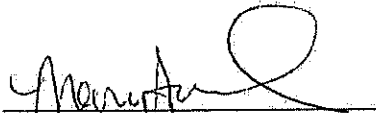
STATE OF SOUTH CAROLINA, RESPONDENT

vs.

DERICK WAYNE BROOKS, APPELLANT

NOTICE OF APPEAL

Derick Wayne Brooks appeals his guilty plea and sentence in this case. The Defendant pled guilty to Criminal Sexual Conduct With a Minor, 2nd Degree, on January 16, 2024. The Honorable Deadra L. Jefferson sentenced him to eight (8) years of incarceration on January 16, 2024. Under Rule 203(B)(iv), SCACR, as an officer of the court, I am informing the court that there are no preserved issues to appeal. My client nonetheless requested that I file a notice of intent to appeal, and I am doing so on his behalf.



Mary A. Ford, #73776

Appointed Counsel for Derick Wayne Brooks
Charleston County Public Defender's Office
101 Meeting Street, Suite 500
Charleston, SC 29401

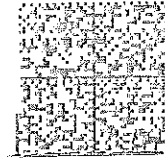
Other counsel of record is:
Lauren Frierson, Assistant Solicitor
Office of the Solicitor, Ninth Judicial Circuit
O.T. Wallace County Office Building
101 Meeting Street
Charleston, SC 29401
(843) 958-1900

FILED
2024 JAN 25 PM 2:33
CLERK OF COURT

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CHARLESTON, SC 29401-2214



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Mr. Derrick Brooks
Inmate # 393064
Kirkland C.I.
4344 Broad River Rd.
Columbia SC 29210

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AND POSTAGE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Derick Brooks
 Inmate # 393064
 Kirkland C. I.
 4344 Broad River Rd
 Columbia, SC 29210



9590 9403 0674 5196 0357 40

2. Article Number (Transfer from service label)
 7020 0640 0000 2253 5914

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A. Signature Agent
 Addressee
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B. Received by (Printed Name) C. Date of Delivery

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 If YES, enter delivery address below: No

3. Service Type
- | | |
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| <input checked="" type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

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Send To
Denck Brooks # 393064
Street and Apt. No., or PO Box No.
4344 Broad River Rd.
City, State, ZIP+4®
Columbia, SC 29210

7020 0640 0000 2221 5914