



South Carolina Judicial Branch  
TRANSCRIPT REQUEST FORM

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SC Court of Appeals

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Requestor's Information			
Full Name John Martin Foster		Law Firm/Agency J.M. Foster Law Office	
Phone Number 803-324-8100		Email Address jmfooster340@gmail.com	
Mailing Address P.O. Box 106, Rock Hill, S.C. 29731-6106		Is the requestor a party in the case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If no, does the requestor represent a party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of party Stephanie Kozak			
Transcript Information			
Docket Number 2022-CP-46-01237	Full Case Caption (i.e. State v. John Doe or John Smith v. Jane Smith) Stephanie Kozak v Chris Cutway		Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>
Date(s) of Proceeding 01/25/2024	County York	Appeal pending <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Death Penalty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Presiding Judge Daniel D. Hall		Special Circumstances Is the hearing to be transcribed one of the following: Termination of parental rights Adoption Any actions involving child custody/visitation.	
Opposing Counsel(s) (name and email address) Chan M. Ahn		Delivery Timeframe (check Rule 607 for current page rates) <input type="checkbox"/> Quote <input type="checkbox"/> Rough Draft <input type="checkbox"/> Overnight delivery <input type="checkbox"/> Daily delivery <input type="checkbox"/> Expedited delivery (7 days) Due on/before: <input checked="" type="checkbox"/> Regular delivery (60 days)	
Court Reporter(s)	WebEx <input checked="" type="checkbox"/> DCRP <input checked="" type="checkbox"/>	Delivery Method (additional fees may apply) <input checked="" type="checkbox"/> PDF / Email <input type="checkbox"/> Hard Copy/Priority Mail (\$50 + shipping) <input type="checkbox"/> PDF & Hard Copy/Priority Mail (\$50 + shipping)	
Portion of proceeding to be transcribed <input checked="" type="checkbox"/> Entire hearing <input type="checkbox"/> Voir dire by juror <input type="checkbox"/> Jury selection <input type="checkbox"/> Plaintiff's opening statement <input type="checkbox"/> Defendant's opening statement <input type="checkbox"/> Plaintiff's closing arguments <input type="checkbox"/> Defendant's closing arguments <input type="checkbox"/> Entire direct examination <input type="checkbox"/> Entire cross examination <input type="checkbox"/> Entire redirect <input type="checkbox"/> Examination of witness (W) by attorney (A) W: _____ A: _____ <input type="checkbox"/> Ruling of the court		Responsible Payor <input checked="" type="checkbox"/> Private / Self <input type="checkbox"/> Court Appointed Counsel Appeals Attorney _____ Email _____ Other _____	
Next Hearing Date _____			

Requestor's Signature:

Date: 01/27/2024

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