



# South Carolina Judicial Branch

TRANSCRIPT REQUEST FORM

# RECEIVED

## Feb 25 2025

### S.C. SUPREME COURT

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/Transcriptionist [and](mailto:transcripts@sccourts.org) to South Carolina Court Administration at [transcripts@sccourts.org](mailto:transcripts@sccourts.org). If WebEx or DCRP were used to capture the record, please indicate below and send the form to [transcripts@sccourts.org](mailto:transcripts@sccourts.org).

Requestor's Information			
<b>Full Name</b> Della White	<b>Law Firm/Agency</b> South Carolina Commission on Indigent Defense	<b>Phone Number</b> 803-734-1330	
<b>Email Address</b> dwhite@sccid.sc.gov		<b>Mailing Address</b> PO Box 11589 Columbia, SC 29211	
Is the requestor a party in the case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, does the requestor represent a party? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of party _____			
Transcript Information			
<b>Docket Number</b> 2024-CP-40-02372	<b>Full Case Caption</b> (i.e. State v. John Doe or John Smith v. Jane Smith) Michael J. Dennis v. State		<b>Circuit</b> <input checked="" type="checkbox"/> <b>Family</b> <input type="checkbox"/>
<b>Date(s) of Proceeding</b> Sept. 25, 2024	<b>County</b> Richland	<b>Appeal pending</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Death Penalty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Presiding Judge</b> William A. McKinnon		<b>Special Circumstances</b> Is the hearing to be transcribed one of the following: <input type="checkbox"/> Termination of parental rights <input type="checkbox"/> Adoption <input type="checkbox"/> Any actions involving child custody/visitation.	
<b>Opposing Counsel(s)</b> (name and email address) South Carolina Attorney General			
<b>Court Reporter(s)</b> Maria DiScioscia	<input type="checkbox"/> Webex <input type="checkbox"/> DCRP		
<b>Portion of proceeding to be transcribed</b> <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		<b>Delivery Timeframe</b> (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) <b>Due on/before:</b> _____ <input type="checkbox"/> Regular delivery (60 days)	
		<b>Delivery Method</b> (additional fees may apply) <input type="checkbox"/> <a href="https://scfiledrop.sc.gov">https://scfiledrop.sc.gov</a> <input type="checkbox"/> Hard Copy/Priority Mail (\$50 + shipping) <input type="checkbox"/> PDF & Hard Copy/Priority Mail (\$50 + shipping)	
		<b>Responsible Payor</b> <input type="checkbox"/> Private / Self <input checked="" type="checkbox"/> Court Appointed Counsel Appeals Attorney _____ Email _____ <input type="checkbox"/> Other	
<b>Next Hearing Date</b>			

**Requestor's Signature:** Della White

**Date:** 02/25/2025

(Typed name will serve as signature)

**NOTE:** Requests 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, regardless of indigent status. Please promptly submit your payment in the method of payment requested, in order for the transcript to be produced. In some cases, a deposit may be required before the transcript can be placed in the production queue. You may also request a quote before deciding to order. **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.**

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 or transcriptionist.

**SCCID**

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

**COURT REPORTERS' REQUEST FOR PAYMENT FOR  
TRANSCRIPT IN CRIMINAL INDIGENCY CASE****RECEIVED****TO: SC COMMISSION ON INDIGENT DEFENSE**  
PO BOX 11589  
COLUMBIA, SC 29211-1589

SIGNATURE OF APPROVING OFFICIAL AT APPELLATE DEFENSE:

**Feb 25 2025****S.C. SUPREME COURT**

FORWARD THIS SIGNED AND COMPLETED FORM ALONG WITH THE REQUESTED TRANSCRIPT TO THE SC COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION. THE SC COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION WILL APPROVE THIS REQUEST FOR PAYMENT AND FORWARD THE REQUEST TO THE S.C. COMMISSION ON INDIGENT DEFENSE FOR PAYMENT. ALL QUESTIONS REGARDING PAYMENT SHOULD BE MADE TO THE S.C. COMMISSION ON INDIGENT DEFENSE P.O. BOX 11433, COLUMBIA, SC 29211-1433, PHONE: (803) 734-1343, E-Mail: executive@sccid.sc.gov.

CASE NAME:

CRIMINAL CASE (INDICTMENT) NO.(s):

DATE TRANSCRIPT REQUESTED BY APPELLATE DEFENSE:

DATE TRANSCRIPT PROVIDED TO APPELLATE DEFENSE:

**PLEASE NOTE THAT THE DEFENSE OF INDIGENTS FUND WILL REIMBURSE THE REQUESTING PARTY FOR EITHER THE ORIGINAL TRANSCRIPT OR ONE COPY, BUT NOT FOR BOTH. PLEASE DO NOT INCLUDE KEYWORD INDEXING.**

RULE 607 (H)(1), SCACR, PROVIDES THAT IN ALL CRIMINAL INDIGENCY CASES, INCLUDING POST-CONVICTION AND SEXUAL VIOLENT PREDATOR PROCEEDINGS, THE FEE FOR THE ORIGINAL TRANSCRIPT IS FOUR DOLLARS AND TWENTY-FIVE CENTS (\$4.25) PER PAGE AND THE FEE FOR A COPY OF THE TRANSCRIPT IS ONE DOLLAR (\$1.00) PER PAGE.

PURSUANT TO THE REQUEST OF THE S.C. COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION, THE TRANSCRIPT IN THE ABOVE MATTER WAS PROVIDED TO THAT OFFICE. REIMBURSEMENT IN THE FOLLOWING AMOUNT IS HEREBY REQUESTED:

 ORIGINAL TRANSCRIPT OF \_\_\_\_\_ PAGES: \$ \_\_\_\_\_ COPY OF ORIGINAL TRANSCRIPT OF \_\_\_\_\_ PAGES: \$ \_\_\_\_\_ OTHER (Please specify): \_\_\_\_\_: \$ \_\_\_\_\_**TOTAL PAYMENT REQUESTED:**\$ 

PRINTED OR TYPED NAME OF COURT REPORTER:

SIGNATURE OF COURT REPORTER:

ADDRESS:

A SC VENDOR IDENTIFICATION NUMBER, WHICH IS ISSUED BY THE SC COMPTROLLER GENERAL'S OFFICE, AND IS NEITHER A FEDERAL EMPLOYER IDENTIFICATION NUMBER NOR AN INDIVIDUAL SOCIAL SECURITY NUMBER, IS REQUIRED FOR PAYMENT PROCESSING. (SCCID DOES NOT REQUIRE A FEI OR SSN)

IF YOU DO NOT HAVE A SC VENDOR ID NUMBER, APPLY HERE:

<https://webprod.cjo.sc.gov/SCVendorWeb/mainNewFrame.do>

PHONE NUMBER:

NOTE: ONCE YOU APPLY FOR A SC VENDOR ID, THE SC COMPTROLLER GENERAL'S OFFICE REQUIRES A 72-HOUR WAITING PERIOD TO VERIFY YOUR ID NUMBER. ADDITIONAL LINKS AND INFORMATION MAY BE FOUND AT:

<http://sccid.sc.gov/register.cfm>

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