

From: [Gilbert Salters](#)
To: [Court Of Appeals Filings](#)
Subject: RE: Transcript Request
Date: Friday, March 28, 2025 2:04:51 PM

*** **EXTERNAL EMAIL:** This email originated from outside the organization. Please exercise caution before clicking any links or opening attachments. ***

Ok thanks Kaitlyn ,
Recap I need to serve a copy " PROOF OF SERVICE " of the transcript request form to the defendant via postal mail correct?

[Sent from Yahoo Mail on Android](#)

On Fri, Mar 28, 2025 at 1:58 PM, Court Of Appeals Filings
<ctappfilings@sccourts.org> wrote:

The Court has received your filing. A stamped copy is attached for your records.

Thank you.

From: Gilbert Salters <gilbertsalters@yahoo.com>
Sent: Friday, March 28, 2025 11:55 AM
To: Court Of Appeals Filings <ctappfilings@sccourts.org>
Subject: Fw: Transcript Request

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

Requestor's Information			
Full Name <i>Gilbert Salters</i>	Law Firm/Agency <i>N/A</i>	Phone Number <i>843 616-8347</i>	
Email Address <i>gilbertsalters@yahoo.com</i>		Mailing Address <i>3413 Biscayne Dr Apt K Charlotte, NC 28205</i>	
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			
Docket Number <i>2024 CP2102119</i>	Full Case Caption (I.e. State v. John Doe or John Smith v. Jane Smith) <i>Gilbert Salters Vs David L James IV</i>		Circuit <input checked="" type="checkbox"/> Family <input type="checkbox"/>
Date(s) of Proceeding <i>1-30-2025</i>	County <i>Florence</i>	Appeal pending <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Death Penalty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Presiding Judge <i>Judge Michael Nettles</i>		Special Circumstances 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.	
Opposing Counsel(s) (name and email address) _____		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) _____		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 checked="" type="checkbox"/> Ruling of the court		Responsible Payor <input type="checkbox"/> Private / Self <input type="checkbox"/> Court Appointed Counsel Appeals Attorney _____ Email _____ <input type="checkbox"/> Other _____	
Next Hearing Date _____			

Requestor's Signature: *Dillif-Jeven; Salters, Agent* Date: *3-14-2025*
(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.**

Greetings,
This is Gilbert Salters. I'm requesting the transcript of a recent case.

Case number 2024CP2102119
Date 01/30/2025
Judge - Michael Nettles

From: Gilbert Salters
3413 Biscayne Dr Unit K
Charlotte, Nc 28205
Cellphone 843-616-8347

Thanks be Blessed

~~~ CONFIDENTIALITY NOTICE ~~~ This message is intended only for the addressee and may contain information that is confidential. If you are not the intended recipient, do not read, copy, retain, or disseminate this message or any attachment. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments.