

RECEIVED

Sep 05 2025

SC Court of Appeals

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

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Appeal from Lexington County  
Honorable Debra R. McCaslin, Circuit Court Judge  
Honorable Jocelyn J. Newman, Circuit Court Judge

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THE STATE,

RESPONDENT,

V.

DEANDRE MALCOLM BLACK

APPELLANT

APPELLATE CASE NO. 2025-000213

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MOTION TO HOLD APPEAL IN ABEYANCE PENDING RECEIPTS OF TRANSCRIPTS

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Pursuant to Rule 240 of the South Carolina Appellate Court Rules, undersigned counsel respectfully moves this Court for an order holding the timelines for the above-captioned case in abeyance pending receipts of the transcripts of pre-trial hearings conducted before Judge McCaslin on May 9, 2024, May 15, 2024, May 23, 2024, May 31, 2024, and June 6, 2024. The Initial Brief of Appellant and Designation of Matter in this case are due for filing on September 23, 2025. There have been no extensions requested in this case. In support of this request, counsel shows:

1. The July 2023 term of the Lexington County grand jury indicted appellant for trafficking methamphetamine (2023-GS-32-02847).
2. Appellant's case was called to trial on January 27, 2025, before the Honorable Jocelyn J. Newman and a jury. Eleventh Circuit Public Defender Sarah H. Mauldin and Assistant Public

Defender Jean M. Popowski represented appellant. Jordan A. Cox and Kyle E. Smith were the assistant solicitors prosecuting for the state.

3. On January 29, 2025, the jury found appellant guilty as indicted. Judge Newman sentenced appellant to a term of twenty-five (25) years' imprisonment with credit for 623 days' time served and ordered a fine of fifty-thousand (50,000) dollars.

4. This case is now on appeal before this Court.

5. Upon reviewing the trial transcript, undersigned counsel discovered that there was at least one pre-trial motions hearing.

6. Upon discovery, undersigned counsel acted immediately to contact trial counsels to discover all dates of all hearings related to their representation of appellant to procure all necessary documents and transcripts for appellate review. Upon contact with trial counsels, counsel Mauldin informed this office of five additional hearings for the first time, all of which undersigned counsel finds necessary for the purposes of direct appeal. The transcript requests for the hearings before Judge McCaslin on May 9, 2024, May 15, 2024, May 23, 2024, May 31, 2024, and June 6, 2024, are attached as Exhibits A, B, C, D, and E.

7. Counsel discovered the fact of these hearings early and endeavored to prepare this motion before taking any extensions in appellant's case.

8. Undersigned counsel has informed opposing counsel, Mark Farthing, of the need to place the appeal in abeyance. Opposing counsel has no objection to this motion to hold the appeal in abeyance pending receipts of the transcripts.

WHEREFORE, undersigned counsel respectfully requests that this Court hold the above-captioned case in abeyance pending receipts of the outstanding transcripts. Counsel also requests that the time limits for filing the initial brief and designation of mater be held in abeyance pending disposition of this motion.

Respectfully submitted,



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Molly M. Keegan  
Appellate Defender  
Attorney for Appellant

This 5th day of September, 2025.

## **EXHIBIT A**

Warren, Kaylynn

---

**From:** White, Della  
**Sent:** Thursday, September 4, 2025 2:42 PM  
**To:** Keegan, Molly  
**Cc:** Warren, Kaylynn  
**Subject:** Deandra Black

---

**From:** Transcripts@sccourts.org <Transcripts@sccourts.org>  
**Sent:** Thursday, September 4, 2025 2:41 PM  
**To:** White, Della <dwhite@sccid.sc.gov>  
**Subject:** [External] Transcript Request for Docket Number 2023GS3202847

Greetings,

Please accept this email and the **summarized Transcript Request shown below** as confirmation that the online transcript request that you submitted has been received by our office. You should receive communication from a transcriptionist within five (5) business days with an estimated cost for production.

If you need further assistance, please contact us at [transcripts@sccourts.org](mailto:transcripts@sccourts.org).

Regards,

Court Administration

Summarized Transcript Request ID(s): **1383380474**

## Requester Information:

**Name:** Della White  
**Entity:** Agency SCCID  
**Phone Number:** (803) 734-1330  
**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)  
**Address:** 1330 Lady Street Columbia, SC 29201  
**Is the requester a party on the case?** No  
**Does the requester represent a party?** Yes Deandra Black

## Transcript Information:

**Docket Number:** 2023GS3202847  
**Court Type:** Circuit

## EXHIBIT A

**County:** Lexington

**Case Caption:** The State of South Carolina vs Black, Deandre M

**Appeal Pending?** Court of Appeals

**Death Penalty?** No

**Start Date of Proceeding:** 5/9/2024

**End Date of Proceeding:** 5/9/2024

**Presiding Judge:** McCaslin, Debra R.

**Court reporter daily assignments:**

**5/9/2024 (Thursday):** Jones, Sherri L., DCRP

**Opposing Counsel and/or other parties information:**

(Attorney) Sarah Hahn Mauldin

(Defendant) Deandre M Black

**Next hearing date:** *Date not entered*

**Portion of proceeding to be transcribed:** Entire Hearing

## Delivery Information:

**Delivery Timeframe:** Regular Delivery (60 days)

**Delivery Method:** PDF/Email

**Delivery Timeframe:** Court Appointed Counsel

**Appeals Attorney:** SCCID

**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)

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This communication and any attachment thereto is intended only for use by the addressee(s) named herein, and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, utilization, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error please notify the Commission on Indigent Defense immediately and permanently delete the original and any copy of any e-mail and any printout thereof. SCCID may be reached by using the email address of the sender, or at 803-734-1343.

## **EXHIBIT B**

## EXHIBIT B

**Warren, Kaylynn**

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**From:** White, Della  
**Sent:** Friday, September 5, 2025 11:16 AM  
**To:** Transcripts; Holmes, Tammie  
**Cc:** Keegan, Molly; Warren, Kaylynn  
**Subject:** RE: Deandra Black  
**Attachments:** Transcript request May 15, 2024.PDF

Please find attached the corrected request. The date of the hearing should be May 15, 2024, not May 15, 2025.

Thank you,

Della

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**From:** White, Della  
**Sent:** Friday, September 5, 2025 11:11 AM  
**To:** Transcripts <transcripts@sccourts.org>; Holmes, Tammie <tholmes@sccourts.org>  
**Cc:** Keegan, Molly <mkeegan@sccid.sc.gov>; Warren, Kaylynn <kwarren@sccid.sc.gov>  
**Subject:** Deandra Black

Good morning,

Attached is a transcript request for the above case. The portal would not allow me to request due this hearing being held in Edgefield County rather than Lexington County. Please let me know if you need any additional information to fulfill this request.

Thank you,

Della White  
SC Commission on Indigent Defense  
1330 Lady Street, Suite 401  
P.O. Box 11589  
Columbia, SC 29201  
Office: 803-734-1330

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This communication and any attachment thereto is intended only for use by the addressee(s) named herein, and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, utilization, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error please notify the Commission on Indigent Defense immediately and permanently delete the original and any copy of any e-mail and any printout thereof. SCCID may be reached by using the email address of the sender, or at 803-734-1343.



## EXHIBIT B

Division of Appellate Defense  
1330 Lady Street, Suite 401  
Columbia, South Carolina 29201-3332  
Post Office Box 11589  
Columbia, South Carolina 29211-1589  
Telephone: (803) 734-1330  
Facsimile: (803) 734-1345

Wanda H. Carter, Interim Chief Appellate Defender

September 05, 2025

DCRP  
Court Administration  
1220 Senate Street, Suite 200  
Columbia, SC 29201

Dear DCRP:

Please provide us with the following transcript:

The State v. Deandre M. Black  
Appellate Case No. 2025-000213  
County: Edgefield  
Presiding Judge: Debra R. McCaslin

Case #: 2023-GS-32-02847  
Date of Trial: May 15, 2024

Pursuant to the SC Court Reporter's Manual, please number the lines on the paper from 1-25 and include any and all recorded motions (pretrial and post-trial). Consecutive numbering of pages must be used throughout all volumes regardless of the number of volumes involved. Additionally, please transcribe the **jury selection** and the State and defense counsel's **opening and closing arguments** and include the **jury strike sheet**. Please be sure to include **headers** and a **complete index** including a **listing of exhibits**. **Please, do not include keyword indexing.**

If you are aware of any co-defendants, additional transcripts, or if the Attorney General's Office has already requested a transcript, please let us know.

Please send transcripts electronically, you must use the SC Department of Technology's file transfer service at <https://scfiledrop.sc.gov>. New users click the register button to sign up for the service. For assistance with registration or passwords, contact the SC Department of Technology Service Center at 803-896-0001, option 2.

To ensure prompt payment, please sign and complete the enclosed form and include the original criminal case number (indictment number) where the space is provided.

Sincerely,

s/Della White  
Administrative Coordinator

cc: S. C. Court of Appeals  
Attorney General's Office  
S. C. Court Administration





South Carolina Judicial Branch  
TRANSCRIPT REQUEST FORM

EXHIBIT B

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](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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Full Name<br>Della White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | Law Firm/Agency<br>South Carolina Commission on Indigent Defense                                                                                                                                                                                                                                                                                                     | Phone Number<br>803-734-1330                                                   |
| Email Address<br><a href="mailto:dwhite@sccid.sc.gov">dwhite@sccid.sc.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | Mailing Address<br>PO Box 11589 Columbia, SC 29211                                                                                                                                                                                                                                                                                                                   |                                                                                |
| Is the requestor a party in the case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>2023-GS-32-02847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Full Case Caption (i.e. State v. John Doe or John Smith v. Jane Smith)<br>The State v. Deandre M. Black |                                                                                                                                                                                                                                                                                                                                                                      | Circuit <input checked="" type="checkbox"/><br>Family <input type="checkbox"/> |
| Date(s) of Proceeding<br>May 15, 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County<br>Edgefield                                                                                     | Appeal pending<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                | Death Penalty<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Presiding Judge<br>Debra R. McCaslin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | Special Circumstances<br>Is the hearing to be transcribed one of the following:<br><input type="checkbox"/> Termination of parental rights<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Any actions involving child custody/visitation.                                                                                                          |                                                                                |
| Opposing Counsel(s) (name and email address)<br>South Carolina Attorney General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |
| Court Reporter(s)<br>DCRP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Webex <input type="checkbox"/> DCRP                                            | Delivery Timeframe<br>(check Rule 607 for current page rates)<br><input type="checkbox"/> Quote<br><input type="checkbox"/> Rough Draft<br><input type="checkbox"/> Overnight delivery<br><input type="checkbox"/> Daily delivery<br><input type="checkbox"/> Expedited delivery (7 days) Due on/before: ____<br><input type="checkbox"/> Regular delivery (60 days) |                                                                                |
| Portion of proceeding to be transcribed<br><input checked="" type="checkbox"/> Entire hearing<br><input type="checkbox"/> Voir dire by juror<br><input type="checkbox"/> Jury selection<br><input type="checkbox"/> Plaintiff's opening statement<br><input type="checkbox"/> Defendant's opening statement<br><input type="checkbox"/> Plaintiff's closing arguments<br><input type="checkbox"/> Defendant's closing arguments<br><input type="checkbox"/> Entire direct examination<br><input type="checkbox"/> Entire cross examination<br><input type="checkbox"/> Entire redirect<br><input type="checkbox"/> Examination of witness (W) by attorney (A)<br>W: _<br>A:<br><input type="checkbox"/> Ruling of the court |                                                                                                         | Delivery Method (additional fees may apply)<br><input type="checkbox"/> <a href="https://scfiledrop.sc.gov">https://scfiledrop.sc.gov</a><br><input type="checkbox"/> Hard Copy/Priority Mail (\$50 + shipping)<br><input type="checkbox"/> PDF & Hard Copy/Priority Mail (\$50 + shipping)                                                                          |                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | Responsible Payor<br><input type="checkbox"/> Private / Self<br><input checked="" type="checkbox"/> Court Appointed Counsel<br>Appeals Attorney _____<br>Email _____<br><input type="checkbox"/> Other                                                                                                                                                               |                                                                                |
| Next Hearing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |

Requestor's Signature: Della White

Date: 09/05/2025

(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.

## **EXHIBIT C**

## EXHIBIT C

**Warren, Kaylynn**

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**From:** White, Della  
**Sent:** Friday, September 5, 2025 11:21 AM  
**To:** Transcripts; Holmes, Tammie  
**Cc:** Keegan, Molly; Warren, Kaylynn  
**Subject:** Deandre Black/ May 23, 2024 hearing  
**Attachments:** Transcript request May 23, 2024.PDF

Good morning,

Attached is a transcript request for the above case.  
Please let me know if you need any additional information to fulfill this request.

Thank you,

Della White  
SC Commission on Indigent Defense  
1330 Lady Street, Suite 401  
P.O. Box 11589  
Columbia, SC 29201  
Office: 803-734-1330

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This communication and any attachment thereto is intended only for use by the addressee(s) named herein, and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, utilization, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error please notify the Commission on Indigent Defense immediately and permanently delete the original and any copy of any e-mail and any printout thereof. SCCID may be reached by using the email address of the sender, or at 803-734-1343.



SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

## EXHIBIT C

Division of Appellate Defense  
1330 Lady Street, Suite 401  
Columbia, South Carolina 29201-3332  
Post Office Box 11589  
Columbia, South Carolina 29211-1589  
Telephone: (803) 734-1330  
Facsimile: (803) 734-1345

Wanda H. Carter, Interim Chief Appellate Defender

September 05, 2025

DCRP  
Court Administration  
1220 Senate Street, Suite 200  
Columbia, SC 29201

Dear DCRP:

Please provide us with the following transcript:

The State v. Deandre M. Black  
Appellate Case No. 2025-000213  
County: Lexington  
Presiding Judge: Debra R. McCaslin

Case #: 2023-GS-32-02847

Date of Trial: May 23, 2024

Pursuant to the SC Court Reporter's Manual, please number the lines on the paper from 1-25 and include any and all recorded motions (pretrial and post-trial). Consecutive numbering of pages must be used throughout all volumes regardless of the number of volumes involved. Additionally, please transcribe the **jury selection** and the State and defense counsel's **opening and closing arguments** and include the **jury strike sheet**. Please be sure to include **headers** and a **complete index** including a **listing of exhibits**. **Please, do not include keyword indexing.**

If you are aware of any co-defendants, additional transcripts, or if the Attorney General's Office has already requested a transcript, please let us know.

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To ensure prompt payment, please sign and complete the enclosed form and include the original criminal case number (indictment number) where the space is provided.

Sincerely,

s/Della White  
Administrative Coordinator

cc: S. C. Court of Appeals  
Attorney General's Office  
S. C. Court Administration



**COURT REPORTERS' REQUEST FOR PAYMENT FOR  
TRANSCRIPT IN CRIMINAL INDIGENCY CASE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TO: SC COMMISSION ON INDIGENT DEFENSE</b><br>PO BOX 11589<br>COLUMBIA, SC 29211-1589                                                                                                                                                                                                                                                                                                                                                                                                                            | SIGNATURE OF APPROVING OFFICIAL AT APPELLATE DEFENSE:                                                                                                                                                                                                                         |
| 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:                                                                                                                                                                                                                                |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                               |
| 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:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> ORIGINAL TRANSCRIPT OF _____ PAGES:                      \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> COPY OF ORIGINAL TRANSCRIPT OF _____ PAGES:                      \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> OTHER (Please specify): _____:                      \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                               |
| <b>TOTAL PAYMENT REQUESTED:</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                               |
| 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)        |
| PHONE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IF YOU DO NOT HAVE A SC VENDOR ID NUMBER, APPLY HERE:<br><a href="https://wvbrprod.sio.sc.gov/SCVendorWeb/main/NewFrame.do">https://wvbrprod.sio.sc.gov/SCVendorWeb/main/NewFrame.do</a>                                                                                      |
| EMAIL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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:<br><a href="http://sccid.sc.gov/register.cfm">http://sccid.sc.gov/register.cfm</a> |
| SCCID USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VENDOR ID NUMBER:                                                                                                                                                                                                                                                             |
| SCCID FILE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DOCUMENT NUMBER:                                                                                                                                                                                                                                                              |



South Carolina Judicial Branch  
TRANSCRIPT REQUEST FORM

EXHIBIT C

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](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><br>Della White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | <b>Law Firm/Agency</b><br>South Carolina Commission on Indigent Defense                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                    | <b>Phone Number</b><br>803-734-1330                                                          |
| <b>Email Address</b><br>dwhite@sccid.sc.gov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                                                                                                                                                                    | <b>Mailing Address</b><br>PO Box 11589 Columbia, SC 29211                                                                                                                                                                                                                                                                                                                          |                                                                                              |
| Is the requestor a party in the case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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><br>2023-GS-32-02847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Full Case Caption</b> (i.e. State v. John Doe or John Smith v. Jane Smith)<br>The State v. Deandre M. Black |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    | <b>Circuit</b> <input checked="" type="checkbox"/><br><b>Family</b> <input type="checkbox"/> |
| <b>Date(s) of Proceeding</b><br>May 23, 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>County</b><br>Lexington                                                                                     | <b>Appeal pending</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       | <b>Death Penalty</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                   |                                                                                              |
| <b>Presiding Judge</b><br>Debra R. McCaslin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | <b>Special Circumstances</b><br>Is the hearing to be transcribed one of the following:<br><input type="checkbox"/> Termination of parental rights<br><input type="checkbox"/> Adoption<br><input type="checkbox"/> Any actions involving child custody/visitation.                                 |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |
| <b>Opposing Counsel(s)</b> (name and email address)<br>South Carolina Attorney General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |
| <b>Court Reporter(s)</b><br>DCRP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Webex <input type="checkbox"/> DCRP                                                   |                                                                                                                                                                                                                                                                                                    | <b>Delivery Timeframe</b><br>(check Rule 607 for current page rates)<br><input type="checkbox"/> Quote<br><input type="checkbox"/> Rough Draft<br><input type="checkbox"/> Overnight delivery<br><input type="checkbox"/> Daily delivery<br><input type="checkbox"/> Expedited delivery (7 days) <b>Due on/before:</b> ____<br><input type="checkbox"/> Regular delivery (60 days) |                                                                                              |
| <b>Portion of proceeding to be transcribed</b><br><input checked="" type="checkbox"/> Entire hearing<br><input type="checkbox"/> Voir dire by juror<br><input type="checkbox"/> Jury selection<br><input type="checkbox"/> Plaintiff's opening statement<br><input type="checkbox"/> Defendant's opening statement<br><input type="checkbox"/> Plaintiff's closing arguments<br><input type="checkbox"/> Defendant's closing arguments<br><input type="checkbox"/> Entire direct examination<br><input type="checkbox"/> Entire cross examination<br><input type="checkbox"/> Entire redirect<br><input type="checkbox"/> Examination of witness (W) by attorney (A)<br><b>W:</b> _____<br><b>A:</b> _____<br><input type="checkbox"/> Ruling of the court |                                                                                                                | <b>Delivery Method</b> (additional fees may apply)<br><input type="checkbox"/> <a href="https://scfiledrop.sc.gov">https://scfiledrop.sc.gov</a><br><input type="checkbox"/> Hard Copy/Priority Mail (\$50 + shipping)<br><input type="checkbox"/> PDF & Hard Copy/Priority Mail (\$50 + shipping) |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | <b>Responsible Payor</b><br><input type="checkbox"/> Private / Self<br><input checked="" type="checkbox"/> Court Appointed Counsel<br><i>Appeals Attorney</i> _____<br><i>Email</i> _____<br><input type="checkbox"/> Other                                                                        |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |
| <b>Next Hearing Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |

Requestor's Signature: Della White

Date: 09/05/2025

(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.

## **EXHIBIT D**

**Warren, Kaylynn**

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**From:** White, Della  
**Sent:** Thursday, September 4, 2025 2:46 PM  
**To:** Keegan, Molly  
**Cc:** Warren, Kaylynn  
**Subject:** FW: [External] Transcript Request for Docket Number 2023GS3202847

---

**From:** Transcripts@sccourts.org <Transcripts@sccourts.org>  
**Sent:** Thursday, September 4, 2025 2:46 PM  
**To:** White, Della <dwhite@sccid.sc.gov>  
**Subject:** [External] Transcript Request for Docket Number 2023GS3202847

Greetings,

You are receiving this notice and the **summarized Transcript Request shown below** because you are associated with case **The State of South Carolina vs Black, Deandre M.** Pursuant to Rule 207(a)(1), SCACR, you are being notified that the transcript has been requested on **9/4/2025**. There is no action required.

If you need further assistance, please contact us at [transcripts@sccourts.org](mailto:transcripts@sccourts.org).

Regards,

Court Administration

Summarized Transcript Request ID: **357796646**

## **Requester Information:**

**Name:** Della White  
**Entity:** Agency SCCID  
**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)  
**Is the requester a party on the case?** No  
**Does the requester represent a party?** Yes Deandra Black

## **Transcript Information:**

**Docket Number:** 2023GS3202847  
**Court Type:** Circuit  
**County:** Lexington

## EXHIBIT D

**Case Caption:** The State of South Carolina vs Black, Deandre M  
**Appeal Pending?** Court of Appeals  
**Death Penalty?** No  
**Start Date of Proceeding:** 5/31/2024  
**End Date of Proceeding:** 5/31/2024  
**Presiding Judge:** McCaslin, Debra R.  
**Court reporter daily assignments:**  
**5/31/2024 (Friday):** Dahl, Natalie  
**Opposing Counsel and/or other parties information:**  
(Attorney) Sarah Hahn Mauldin  
(Defendant) Deandre M Black  
**Next hearing date:** *Date not entered*  
**Portion of proceeding to be transcribed:** Entire Hearing

### Delivery Information:

**Delivery Timeframe:** Regular Delivery (60 days)  
**Delivery Method:** PDF/Email  
**Delivery Timeframe:** Court Appointed Counsel  
**Appeals Attorney:** SCCID  
**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)

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## **EXHIBIT E**

**Warren, Kaylynn**

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**From:** White, Della  
**Sent:** Thursday, September 4, 2025 2:48 PM  
**To:** Keegan, Molly  
**Cc:** Warren, Kaylynn  
**Subject:** FW: [External] Transcript Request for Docket Number 2023GS3202847

---

**From:** Transcripts@sccourts.org <Transcripts@sccourts.org>  
**Sent:** Thursday, September 4, 2025 2:48 PM  
**To:** White, Della <dwhite@sccid.sc.gov>  
**Subject:** [External] Transcript Request for Docket Number 2023GS3202847

Greetings,

Please accept this email and the **summarized Transcript Request shown below** as confirmation that the online transcript request that you submitted has been received by our office. You should receive communication from a transcriptionist within five (5) business days with an estimated cost for production.

If you need further assistance, please contact us at [transcripts@sccourts.org](mailto:transcripts@sccourts.org).

Regards,

Court Administration

Summarized Transcript Request ID(s): **1479696465**

## **Requester Information:**

**Name:** Della White  
**Entity:** Agency SCCID  
**Phone Number:** (803) 734-1330  
**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)  
**Address:** 1330 Lady Street Columbia, SC 29201  
**Is the requester a party on the case?** No  
**Does the requester represent a party?** Yes Deandra Black

## **Transcript Information:**

**Docket Number:** 2023GS3202847  
**Court Type:** Circuit

## EXHIBIT E

**County:** Lexington  
**Case Caption:** The State of South Carolina vs Black, Deandre M  
**Appeal Pending?** Court of Appeals  
**Death Penalty?** No  
**Start Date of Proceeding:** 6/6/2024  
**End Date of Proceeding:** 6/6/2024  
**Presiding Judge:** McCaslin, Debra R.  
**Court reporter daily assignments:**  
**6/6/2024 (Thursday):** Johnson, Stacy S.  
**Opposing Counsel and/or other parties information:**  
(Attorney) Sarah Hahn Mauldin  
(Defendant) Deandre M Black  
**Next hearing date:** *Date not entered*  
**Portion of proceeding to be transcribed:** Entire Hearing

## Delivery Information:

**Delivery Timeframe:** Regular Delivery (60 days)  
**Delivery Method:** PDF/Email  
**Delivery Timeframe:** Court Appointed Counsel  
**Appeals Attorney:** SCCID  
**Email:** [dwhite@sccid.sc.gov](mailto:dwhite@sccid.sc.gov)

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**RECEIVED**

**Sep 05 2025**

**SC Court of Appeals**

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

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Appeal from Lexington County  
Honorable Debra R. McCaslin, Circuit Court Judge  
Honorable Jocelyn J. Newman, Circuit Court Judge

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THE STATE,

RESPONDENT,

V.

DEANDRE MALCOLM BLACK

APPELLANT

APPELLATE CASE NO. 2025-000213

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CERTIFICATE OF SERVICE

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Pursuant to Rule 262(a)(3) and Rule 262(c)(3), SCACR, the undersigned hereby certifies a true copy of the Motion to Hold in Abeyance in the above referenced case has been served on Mark R. Farthing, Esquire, at the primary e-mail addresses listed in the Attorney Information System (AIS), this 5th day of September, 2025.



---

Molly M. Keegan  
Appellate Defender

ATTORNEY FOR APPELLANT

## Warren, Kaylynn

---

**From:** Warren, Kaylynn  
**Sent:** Friday, September 5, 2025 11:49 AM  
**To:** Mark Farthing  
**Cc:** Keegan, Molly; Caroline Collins  
**Subject:** 2025-000213 The State v. Deandre Malcolm Black  
**Attachments:** 2025-000213 The State v. Deandre Malcolm Black Motion to Hold in Abeyance.pdf

Good Morning,

Attached for service in the above-referenced case is the Motion to Hold in Abeyance which will be filed today, September 5, 2025, with the Court of Appeals via email filing.

Respectfully,

Kaylynn

**Kaylynn Warren**

Administrative Assistant

South Carolina Commission on Indigent Defense

Division of Appellate Defense

(803) 734-1330