

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

**RECEIVED**  
**Oct 16 2025**  
**SC Court of Appeals**

\_\_\_\_\_  
Appeal from Lexington County

Honorable Debra R. McCaslin, Circuit Court Judge  
\_\_\_\_\_

THE STATE,

RESPONDENT,

V.

CLEVELAND STONE, JR.

APPELLANT

APPELLATE CASE NO. 2024-002010  
\_\_\_\_\_

MOTION TO HOLD APPEAL IN ABEYANCE PENDING RECEIPTS OF TRANSCRIPTS  
\_\_\_\_\_

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 receipt of the transcripts of pre-trial hearings from April 16, 2024 and June 25, 2024. The Initial Brief of Appellant and Designation of Matter in this case are due for filing on November 10, 2025. There have been no extensions requested in this case. In support of this request, counsel shows:

1. The June 2024 term of the Lexington County grand jury indicted Appellant for the offense of murder.
2. Appellant's case was called to trial on August 19, 2024, before the Honorable Debra R. McCaslin and a jury. Appellant was originally represented by H. Wesley Kirkland, Jr., however,

for reasons that are not in the record, Kirkland was relieved as Appellant's counsel immediately following jury selection, and Tivis Sutherland assumed representation of Appellant for the trial. Sutania Fuller and Robert E. McNair, IV, were the assistant solicitors prosecuting for the state.

3. On August 22, 2024, the jury found appellant guilty as indicted. McCaslin sentenced appellant to a term of forty-eight (48) years' incarceration.

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

5. Upon reviewing the trial transcript, undersigned counsel discovered that Appellant had been represented by H. Wesley Kirkland, Jr. at multiple hearings in this case, to include bond hearings, motions hearings, and an immunity hearing pursuant to the Protection of Persons and Property Act.

6. Upon discovery, undersigned counsel acted immediately to contact first defense counsel to discover all dates of all hearings in this case to determine what transcripts may be necessary for perfecting this appeal. After due diligence, undersigned counsel finds it necessary to procure transcripts from the April 16, 2024 and June 25, 2024 pre-trial hearings. These transcript requests are attached as Exhibits A and B.

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

8. Undersigned counsel has informed opposing counsel, Melody J. Brown, of the need to place the appeal in abeyance. Opposing counsel has no objection to this motion to hold the appeal in abeyance pending receipt of the transcript.

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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W. Chandler Norville  
Appellate Defender  
Attorney for Appellant

This 16<sup>th</sup> day of October, 2025.

**Warren, Kaylynn**

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**From:** White, Della  
**Sent:** Thursday, October 16, 2025 3:49 PM  
**To:** Norville, Chandler  
**Cc:** Warren, Kaylynn  
**Subject:** FW: [External] Transcript Request for Docket Number 2024GS3201754

For your records.

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**From:** Transcripts@sccourts.org <Transcripts@sccourts.org>  
**Sent:** Thursday, October 16, 2025 3:40 PM  
**To:** White, Della <dwhite@sccid.sc.gov>  
**Subject:** [External] Transcript Request for Docket Number 2024GS3201754

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): **236578333**

## 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 Cleveland Stone

## Transcript Information:

**Docket Number:** 2024GS3201754  
**Court Type:** Circuit

**County:** Lexington

**Case Caption:** The State of South Carolina vs Stone, Cleveland Jr

**Appeal Pending?** Court of Appeals

**Death Penalty?** No

**Start Date of Proceeding:** 4/16/2024

**End Date of Proceeding:** 4/16/2024

**Presiding Judge:** Coble, Daniel

**Court reporter daily assignments:**

**4/16/2024 (Tuesday):** Amick, Lisa G.

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

(Attorney) Henry Wesley J Kirkland

(Defendant) Cleveland Jr Stone

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

Wanda H. Carter, Interim Chief Appellate Defender

October 16, 2025

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

Dear DCRP:

Please provide us with the following transcript:

|                                           |                       |                  |
|-------------------------------------------|-----------------------|------------------|
| The State v. Cleveland Stone, Jr.         | <u>Case #:</u>        | 2024-GS-32-01754 |
| Appellate Case No. 2024-002010            |                       |                  |
| <u>County:</u> Lexington                  | <u>Date of Trial:</u> | June 25, 2024    |
| <u>Presiding Judge:</u> Debra R. McCaslin |                       |                  |

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: Attorney General's Office  
S. C. Court Administration

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                               |                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
|  <b>SCCID</b> COURT REPORTERS' REQUEST FOR PAYMENT FOR<br><small>SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE</small> <b>TRANSCRIPT IN CRIMINAL INDIGENCY CASE</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               |                                                                                                                              |
| <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: <a href="mailto:executive@sccid.sc.gov">executive@sccid.sc.gov</a> . |                                                                                                                                                                                                                                                                               |                                                                                                                              |
| CASE NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CRIMINAL CASE (INDICTMENT) NO.(s):                                                                                                                                                                                                                                            |                                                                                                                              |
| DATE TRANSCRIPT REQUESTED BY APPELLATE DEFENSE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE TRANSCRIPT PROVIDED TO APPELLATE DEFENSE:                                                                                                                                                                                                                                |                                                                                                                              |
| <p><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></p>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                               |                                                                                                                              |
| 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="http://webprod.cio.sc.gov/SCVendorWebInMainNewFrame.do">http://webprod.cio.sc.gov/SCVendorWebInMainNewFrame.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> |                                                                                                                              |
| VENDOR ID NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               |                                                                                                                              |
| SCCID USE ONLY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SCCID FILE NUMBER:                                                                                                                                                                                                                                                            | DOCUMENT NUMBER:                                                                                                             |



**South Carolina Judicial Branch**  
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](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><a href="mailto:dwhite@sccid.sc.gov">dwhite@sccid.sc.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | <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>2024-GS-32-01754                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Full Case Caption</b> (i.e. State v. John Doe or John Smith v. Jane Smith)<br>The State v. Cleveland Stone, Jr. |                                                                                                                                                                                                                                                                                                                                                                              | <b>Circuit</b> <input checked="" type="checkbox"/><br><b>Family</b> <input type="checkbox"/> |
| <b>Date(s) of Proceeding</b><br>June 25, 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>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>W: _____<br>A: _____<br><input type="checkbox"/> Ruling of the court |                                                                                                                    | <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) Due on/before: _____<br><input type="checkbox"/> Regular delivery (60 days) |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                    | <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>Appeals Attorney _____<br>Email _____<br><input type="checkbox"/> Other                                                                                                                                                                |                                                                                              |
| <b>Next Hearing Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                              |

**Requestor's Signature:** Della White **Date:** 10/16/2025  
(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.

STATE OF SOUTH CAROLINA  
IN THE COURT OF APPEALS

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Appeal from Lancaster County

Honorable Debra R. McCaslin, Circuit Court Judge

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THE STATE,

RESPONDENT,

V.

CLEVELAND STONE, JR.

APPELLANT

APPELLATE CASE NO. 2024-002010

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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 Melody J. Brown, Esquire, at the primary e-mail addresses listed in the Attorney Information System (AIS), this 16<sup>th</sup> day of October, 2025.



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W. Chandler Norville  
Appellate Defender

ATTORNEY FOR APPELLANT