

MOTION FOR MORE TIME TO FILE INITIAL BRIEF

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS
[In The Supreme Court]

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SC Court of Appeals

APPEAL FROM FLORENCE COUNTY
Court of Common Pleas

William H. Seals, Jr. Circuit Court Judge

2025 002311

Case No. 2025 – CP -2101614

Raymond Johnson,

Appellant,

v.

Quentin Dimitri Dixon,

Respondent.

Motion for More Time to File Initial Brief

Raymond Johnson
2320 Chadwick Dr.
Florence, SC 29501
843-250-3792
Email: johnsonraymond

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

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SC Court of Appeals

APPEAL FROM FLORENCE COUNTY
Court of Common Pleas

William H. Seals, Jr., Circuit Court Judge

Case No. 2025 – CP -2-101614

Raymond Johnson,

Appellant,

v.

Quentin Dimitri Dixon,

Respondent.

PROOF OF SERVICE

I CERTIFY THAT I HAVE SERVED THE Motion For More Time to File Initial Brief on Quentin Dimitri Dixon by depositing a copy of it in the United States Mail, postage prepaid, on April 8, 2026 addressed to Quentin Dimitri Dixon 3808 Bobcat Trl Timmonsville, South Carolina 29161.

Date: April 8, 2026

s _____

Raymond Johnson

Address: 232 Chadwick Dr.

Florence, South Carolina 29501

Motion for More Time to File Initial Brief

I am under doctor care at VA in Florence, SC and Charlotte, NC for PTSD, medical for eyes and blood pressure and have future appointments with doctor until November (See Attachment). I am also a 100% disabled veteran. Please give me more time to find a lawyer to help me with my Initial Brief. I have talked with many law firms about helping me with this case. I went to King, Love, Hupfer and Nance Law Firm to seek their assistance was told they could possibly be able to assist me but they will not be back in the office until next week per their assistant clerk.



DEPARTMENT OF VETERANS AFFAIRS
Florence VA Outpatient Clinic
1822 Sally Hill Farms Blvd.
Florence, South Carolina 29501

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Next appointment with

FLO MH SW 1

Wednesday, August 13, '25 at 0800 hrs

Crisis Lifeline 988 Dial 1

**Muscle Relaxation Therapy for
PTSD/Anxiety/Depression
Google or Youtube Video**

800.293.8262 x 5xxxx (Dorn, VAMC)

800.293.8262 x 25457 (Florence, Clinic)

"0" for Operator

APPOINTMENTS FOR: JOHNSON, RAYMOND A

***-**-8739 PRINTED: 4/2/2026@10:50

PC Prov: PIVA, ENRICO

Team: CVC PC 31

Apr 02, 2026 10:00 AM (45 MINUTES)	CVC/SURG/OPHTHA/MD/19	3rd FLOOR, EYE CLINI
Apr 07, 2026 10:00 AM (30 MINUTES)	CVC/SURG/PODIA/DPM/47	2nd FLOOR; PODIATRY
Apr 21, 2026 10:00 AM (30 MINUTES)	CVC/MED/GI/PA/224	5th FLOOR, GI/ENDO C
Jul 21, 2026 10:00 AM (30 MINUTES)	CVC/PCC/IP/DO/31	2nd FLOOR, INDEPENDEN
Sep 03, 2026 7:45 AM (30 MINUTES)	CVC/EYE/OD/61	3rd FLOOR, EYE CLINI
Nov 17, 2026 12:30 PM (30 MINUTES)	CVC/MED/NEPH/PA/49	4th FLOOR, SPECIALTY
Nov 19, 2026 10:00 AM (45 MINUTES)	CVC/SURG/OPHTHA/MD/19	3rd FLOOR, EYE CLINI

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DOCTORS CARE
2410 Hoffmeyer Road
Florence, SC 29501
843-675-0193

Patient Information and Consent

hoffmeyerroad@doctorscare.com
MONDAY - FRIDAY 8AM - 8PM
SATURDAY - SUNDAY 9AM - 1PM

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What is the reason for your visit today? *Mental stress anxiety SC Court of Appeals*

Patient information				
Last Name <i>Johnson</i>	First Name <i>RAYMOND</i>	Date of Birth <i>8-7-50</i>	Social Security # <i>251908739</i>	Birth Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Mailing Address <i>2320 Chadwick Dr.</i>		City, State ZIP <i>FLORENCE SC 29501</i>		
Email Address <i>Johnson RAYmond 5050@yahoo</i>		Primary Phone <i>843 250 3792</i>	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Preferred Language		Race <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Prefer not to answer		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				
Emergency Contact Name <i>Beatrice Johnson</i>		Relationship to Patient <i>Spouse</i>	Emergency Contact Phone <i>843-675-5020</i>	

Guarantor/Responsible Party (person responsible for payment)	
Legal Name of Responsible Party (First, Middle, Last)	Social Security #
Email Address (if different from the patient email above)	Date of Birth

Authorization for Release of Information	
May we leave testing results or referral information in email? <input type="checkbox"/> Yes <input type="checkbox"/> No	RECEIVED APR 08 2026 SC Court of Appeals
May we leave testing results or referral information in voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person who may receive information on your behalf regarding testing or referrals	

Patient Consent for Treatment	
<p>1. I voluntarily consent to any and all health care treatment, diagnostic procedures and obtaining all of my medication/prescription history when using an electronic system provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.</p> <p>2. I agree to be contacted via email or SMS with information related to my visit, like: a patient portal invitation, post-visit satisfaction survey, appointment or checkup reminders, health tips, or new services that relate to me or my family.</p> <p>3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.</p>	
I have received a copy of the Notice of Privacy Practice and Financial Policy Notice. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Initials: <i>RP</i>	
Patient or authorized person's signature <i>[Signature]</i>	Date <i>May 27 25</i>



DEPARTMENT OF VETERANS AFFAIRS
Florence VA Primary Care Clinic
1380 Celebration Blvd
Florence, SC 29501
800.293.8262
Fax: 843-662-7171

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SC Court of Appeals

800.803.6282 dial 0 (operator)

**Next Available Appointment
FLO MHSW 1**

Monday, April 20, '26 at 0800 hrs

800.292.8262 x25457 (Florence VA Clinic)
800.293.8263 x5000 (Dorn, VAMC, Columbia)

**Dial "0" for Operator
Crisis Lifeline 988 dial 1**

**Muscle Relaxation Therapy for
PTSD/Anxiety/Depression
Google or You Tubes Videos**