



The South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS
CLERK
V. CLAIRE ALLEN
DEPUTY CLERK

POST OFFICE BOX 11629
COLUMBIA, SOUTH CAROLINA 29211
1220 SENATE STREET
COLUMBIA, SOUTH CAROLINA 29201
TELEPHONE: (803) 734-1890
FAX: (803) 734-1839
www.sccourts.org

November 10, 2016

Mr. Mark John Devine, Esquire
507 Savannah Hwy
Charleston SC 29407

RECEIVED

NOV 15 2016

SC Court of Appeals

Re: Elise Caro-Medina v. Fourteenth Judicial
Appellate Case No. 2016-001256

Dear Counsel:

Upon further review of your motion for an extension of time, the following deficiency has been noted under the South Carolina Appellate Court Rules (SCACR), and must be corrected within ten (10) days of the date of this letter:

- You represent the respondent and would be asking for an extension to serve and file the respondent's initial brief and designation of matter. A reply brief is only submitted by an appellant. Please clarify this information on a resubmitted extension request. No additional fee is required.

Very truly yours,

V. Claire Allen, Deputy

CLERK

cc: T. Parkin C. Hunter, Esquire
John W. McIntosh, Esquire
Harley Littleton Kirkland, Esquire
Kevin Desmond Maroney, Esquire

DuPont Cooper River

RETURN-TO-WORK / RESTRICTION FORM

RECEIVED

NOV 15 2016

SC Court of Appeals

Date: 11/01/2016

Time: 2:42 PM

Employee Name: MARK DEVINE

Chart: 00005295001

Reason: Non-Occupational Injury

Non-Occupational Illness

Restrictions: Physician's Order

Recommended Restrictions: NA
Weeks

Restriction Duration: 12 Days / Weeks

Please be advised that the above named patient:

No lifting > _____ lbs

No pushing/pulling > _____ lbs

No stair climbing

No ladders

No stooping/bending

No crawling

No squatting/kneeling

May sit _____% of shift

May stand _____% of shift

May walk _____% of shift

Other:

Disability Information:

FMLA Qualified: Yes No

Date(s) employee out of work: 10/28/2016 to 01/23/2017

.....
Other Information: Mr Mark Devine had L5-S1 foraminotomy, discectomy and nerve root decomprssion 10/28/2016. Will be temporarily disabled and will be out of work for 12 weeks and will be on rest and then rehab.

Next Appointment: 11/17/2016

B. A. Gaddy, MD

Physician's Signature

Date 11/01/2016

*Law Office of Mark J. Devine
Attorney at Law*

Mark@mjdevine.com

507 Savannah Hwy
Charleston, SC 29407

Phone: 843-789-4586
Facsimile: 843-974-5082

1306 Fording Island Road
Suite 108
Bluffton, SC 29910

Phone: 843-757-4586
Facsimile: 843-757-4587

November 14, 2016

Ms. V. Claire Allen, Deputy Clerk
South Carolina Court of Appeals
Post Office Box 11629
Columbia, SC 29211

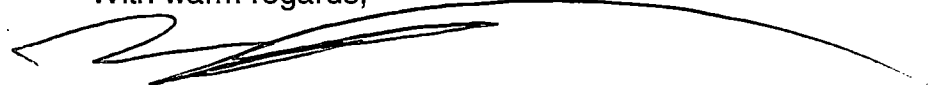
Re: Elise Caro-Medina v. Fourteenth Circuit
Appellate Case No. 2016-001256

Dear Ms. Allen:

In regard to my extension request, I am clarifying that the extension is being requested as to the initial brief of the respondent and the designation of matter to be proposed by counsel for the respondent.

I am also enclosing my Physician's Order.

With warm regards,



Mark J Devine
Counsel of Record

Cc: T. Parkin C. Hunter, Esq.

RECEIVED

NOV 15 2016

SC Court of Appeals

J

PRESS FIRMLY TO SEAL

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.



This envelope is made from post-consumer waste. Please recycle - again.

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS 1000100006



E1692711323US

E1692711323US

PRESS HARD, YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage	
21110	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$ 2.95	
Scheduled Date of Delivery	Return Receipt Fee		
Date Accepted	Month Day	\$	
11 14 10	11 15	\$	
No. Day Year	Scheduled Time of Delivery	COD Fee	Insurance Fee
330	<input checked="" type="checkbox"/> Noon <input type="checkbox"/> 9 PM	\$	\$
Time Accepted	Military	Total Postage & Fees	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		\$ 2.95	
Flat Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp.' Initials	
lbs. 3 ozs.	Int'l Alpha Country Code	C-98	

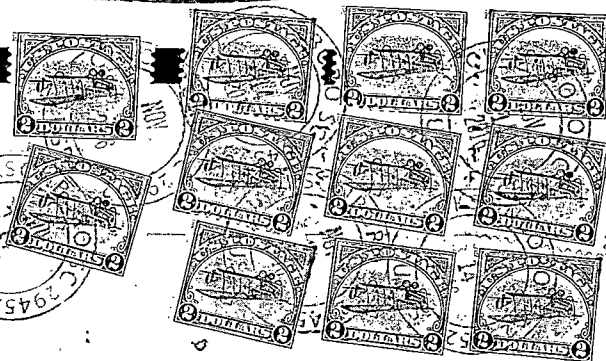
FROM: (PLEASE PRINT) PHONE ()

RECEIVED

NOV 15 2016

SC Court of Appeals

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



UNITED STATES POSTAL SERVICE®

Addressee Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
11 15	624		CS

CUSTOMER USE ONLY

NO DELIVERY
 Weekend Holiday Mailer Signature

WARRANTY OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

TO: (PLEASE PRINT) PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 9 2 1 0 + 0 0 0 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE



UNITED STATES
POSTAL SERVICE.

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail Express™ shipments. Misuse may be a violation of federal law. This packaging is not for resale. EP13F © U.S. Postal Service; July 2013. All rights reserved.