

ORIGINAL



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) 734-1397

Robert M. Dudek, Chief Appellate Defender
Wanda H. Carter, Deputy Chief Appellate Defender

RECEIVED

FEB 28 2017

SC Court of Appeals

February 28, 2017

The Honorably Jenny Abbott Kitchings
Clerk, S.C. Court of Appeals
Post Office Box 11629
Columbia, South Carolina 29211

Re: State v. Kelvin Jones

Dear Ms. Kitchings:

The initial brief of appellant and designation of matter in the above case are due to be served and filed April 7, 2017. However, in preparing the filing we have discovered that we need an additional transcript. We have requested this transcript today and would request that the time limits be held in abeyance pending receipt of it. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Kathrine H. Hudgins
Appellate Defender

KHH:css

cc: Benjamin Aplin, Esquire



SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

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) 734-1397

Robert M. Dudek, Chief Appellate Defender
Wanda H. Carter, Deputy Chief Appellate Defender

February 28, 2017

Brenda W. Sigwald
Circuit Court Reporter
P. O. Box 206
Jackson, SC 29831

RECEIVED

FEB 28 2017

SC Court of Appeals

Dear Ms. Sigwald:

Please provide us with the following transcript:

The State v. Kelvin Jones
Appellate Case No. 2016-001835
County: Aiken
Presiding Judge: Doyet A. Early

Case #:


Date of Trial: August 13, 2013

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, pre 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**.

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

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,


Chris Swenski
Administrative Assistant

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

**SCCID**

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

**COURT REPORTERS' REQUEST FOR PAYMENT FOR
TRANSCRIPT IN CRIMINAL INDIGENCY CASE****TO: SC COMMISSION ON INDIGENT DEFENSE**
PO BOX 11589
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:

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.

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 THREE DOLLARS AND TWENTY-FIVE CENTS (\$3.25) PER PAGE AND THE FEE FOR A COPY OF THE TRANSCRIPT IS SEVENTY-FIVE CENTS (.75) 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:

- ORIGINAL TRANSCRIPT OF _____ PAGES: \$ _____
- COPY OF ORIGINAL TRANSCRIPT OF _____ PAGES: \$ _____
- OTHER (Please specify): _____: \$ _____

TOTAL PAYMENT REQUESTED:

\$

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)

IF YOU DO NOT HAVE A SC VENDOR ID NUMBER, APPLY HERE:
<https://vsbprod.cip.sc.gov/SCVendorWeb/mainNewFrame.do>

PHONE NUMBER:

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:

EMAIL ADDRESS:

<http://sccid.sc.gov/register.cfm>

VENDOR ID NUMBER:

SCCID USE ONLY:

SCCID FILE NUMBER:

DOCUMENT NUMBER: