

August 6, 2018

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina
Court of Appeals
1220 Senate St.
Columbia, South Carolina 29201

RECEIVED

AUG 07 2018

SC Court of Appeals

RE: Miriam Samuel, Appellant v. Lynne Johnson, Respondents

Dear Ms. Kitchings

Miriam Samuel is asking for a 30-day extension to submit her initial Brief. Your Honorable Jenny Kitchings, please, grant her this approval. Miriam Samuel suffers from chronic pain and is doing this appeal Pro Se. This is only her second time filing for an extension.

This is an extraordinary circumstance that she is in. Miriam Samuel has been very ill and in the hospital for treatment recently.

Please see enclosed documents.

Enclosed for filing is a notice of appeal in the above case. Also enclosed are the following:

- (1) Proof of service of the notice of appeal on the respondent[s].
- (2) A filing fee of \$25.00*
- (4) This appeal is being filed with the Supreme Court because . . . (see Rule 203(d) for when an appeal can be filed with the Supreme Court).]

Sincerely,
s/ Miriam H. Samuel
Miriam H. Samuel, Appellant
4014 Margrave Rd.
Columbia, SC 29203

cc: Mr. D. Lang Jr. and Ms. J. Spritz
1612 Marion St.
Columbia, South Carolina 29001
(800) 774-8242 Attorneys for Respondent

✓

* Under Rule 203(d)(1)(B)(iii) and (d)(2)(B)(iii), SCACR, a filing fee is not required if the appeal is from a criminal case including juvenile delinquency matters, or if the appeal is taken by the State of South Carolina, its departments or agencies. Further, no filing fees are required in post-conviction relief cases. Rule 240(d), SCACR.

**PALMETTO HEALTH BAPTIST MEDICAL CENTER
EMERGENCY DEPARTMENT
296-5050**

NAME: Miriam Samuel DATE: 8/5/18

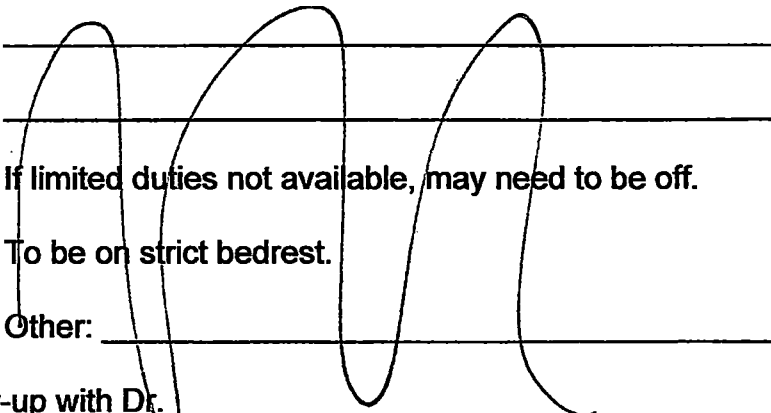
The above-named patient was seen and treated at the
Emergency Department due to illness/injury.

He/she is advised of the following:

1. To be off from work/school for the following days:

8/5/18

2. To be on limited duty with the following restrictions:



- b. If limited duties not available, may need to be off.

3. To be on strict bedrest.

4. Other: _____

Follow-up with Dr. _____
is further advised/not advised.



Signature

, MD

**Taylor at Marion Street, Columbia, SC 29220
(803) 296-5010**

Physician's Discharge Summary

Name: SAMUEL, MIRIAM H

DOB: 03/14/63

MRN: B000225438

Visit Date: 08/05/18 05:57:00

FIN/Acct. Number: B1821700102

Current Date: 08/05/18 09:15:00

Address: 4014 MARGRAVE RD COLUMBIA SC 29203-3949

Phone: (803)256-7283

Primary Care Provider:

Name: Fuller MD, Sean D, PH10 Community Provider **Phone:** (803) 749-1111

Palmetto Health would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or and part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.