



# SCCID

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

# ORIGINAL

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

November 7, 2018

# RECEIVED

NOV 07 2018

## SC Court of Appeals

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

Re: State v. Ashley Marie McKenzie, Appellate Case No. 2018-000114  
**Request to Hold Case in Abeyance**

Dear Ms. Kitchings:

The initial brief of appellant in the above-referenced case is due to be filed with this court today, November 7, 2018. However, I discovered that our office is missing a transcript relevant to Ms. McKenzie's appeal.

Located within the probation revocation hearing transcript from January 8, 2018 before the Honorable Brian M. Gibbons is a remark by Probation Agent Joanna Wix referencing a second guilty plea from October 11, 2016 in addition to the transcript we currently have dated March 29, 2016 before the Honorable Roger E. Henderson.

We have requested this transcript today and would request that the time limits be held in abeyance pending receipt of the transcript. A copy of our transcript request is attached.

By copy of this letter, I am informing Matthew Buchanan, Esquire, of the above request. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Taylor D. Gilliam  
Appellate Defender

Enclosure

cc: Matthew Buchanan, Esquire  
Ashley Marie McKenzie



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November 7, 2018

Mr. Michael Cary Watkins  
Circuit Court Reporter  
5116 Cressingham Drive  
Indian Land, SC 29707

Dear Mr. Watkins:

Please provide us with the following transcript:

The State v. Ashley Marie McKenzie  
Appellate Case No. 2018-000114  
County: Chester/Fairfield  
Presiding Judge: Brian M. Gibbons

Case #: 2016-GS-20-00428

Date of Trial: October 11, 2016

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.

SCCID **prefers** that all transcripts are sent via **certified mail**. If you choose to 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,

Mary Allgire  
Administrative Assistant

cc: S. C. Court of Appeals  
Matthew Buchanan, Esquire  
S. C. Court Administration

## 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 [and](mailto:transcripts@sccourts.org) to South Carolina Court Administration at [transcripts@sccourts.org](mailto:transcripts@sccourts.org). Click [here](#) for instructions on how to find the court reporter's email and mailing addresses. Once the court reporter receives your request, it 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. Please send by mail a money order or certified bank check to the court reporter in order to obtain the transcript. Some court reporters may accept personal checks. Please check with the court reporter to see if this option is available. Once your request is received, you will receive a copy of this form with the bottom portion completed. Please promptly submit your payment in order for the transcript to be provided. 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.

Requestor's Information			
<b>Full Name</b> <u>Mary Allgire</u>	<b>Phone Number</b> <u>803-734-1330</u>	<b>Email Address</b> <u>mallgire@sccid.sc.gov</u>	
<b>Mailing Address</b> <u>1330 Lady Street, Suite 401</u>	<b>City</b> <u>Columbia</u>	<b>State</b> <u>SC</u>	<b>Zip Code</b> <u>29201</u>
Transcript Information			
<b>Docket Number</b> <u>2016-GS-20-00428</u>	<b>Case Caption (i.e. State v. John Doe or Smith v. Smith)</b> <u>The State v. Ashley McKenzie</u>		
<b>Presiding Judge</b> <u>Brian M. Gibbons</u>	<b>Circuit</b> <input checked="" type="checkbox"/> <b>Family</b> <input type="checkbox"/>	<b>County</b> <u>Chester/Fairfield</u>	
<b>Date(s) of Proceeding</b> <u>October 11, 2016</u>	<b>Expedited</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Copy</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Requestor's Signature:** Mary Allgire  
(Typed name will serve as signature)

**Date:** 11/7/18

**Note:** 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.

For Court Reporter Use Only			
<b>Full Name</b> _____	<b>Date Received</b> _____	<b>Email Address</b> _____	
<b>Notice of Estimate to Requestor Party</b> Date: _____ Number of Pages: _____ Estimated Amount _____			
<b>Mailing Address for Payment</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____