RECEIVED
Jan 04 2021
SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

Appellate Case No.: 2020-001220

Paul Misuraca, ... Respondent,

v.

Charleston County, Employer, and
South Carolina Association of
Counties, SIF, Carrier, ... Appellants.

INITIAL BRIEF OF RESPONDENT

Catherine D. Meehan
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for the Respondent

TABLE OF CONTENTS

TABLE OF AUTHORITIES

CASES

STATUTES

OTHER AUTHORITIES

STATEMENT OF THE CASE

On March 24, 2017 Respondent filed a Form 50 alleging an accidental injury to his left leg. (Form 50 dated 3/24/17). Appellants accepted the claim, began paying temporary total disability benefits (TTD), and provided medical treatment.

On May 1, 2019 Appellants filed a Form 21 to determine permanent partial disability (PPD) and for a credit for overpayment of TTD. (Form 21 dated 5/1/19).

On May 31, 2019 Respondent filed an Amended Form 50 adding claims for injuries to his back and depression. (Amended Form 50 dated 5/31/19).

A hearing was scheduled for June 24, 2019. Respondent objected to the hearing because TTD had been stopped in violation of W.C.C. Reg. 67-506. On June 27, 2019 the hearing Commissioner issued an interim Order requiring Appellants to bring TTD current and rescheduling the hearing for July 25, 2019. (Interim Order dated 6/27/19).

Appellants brought TTD current on July 3, 2019. (Tr., pp. 14 – 15). Both parties timely filed Form 58 prehearing briefs and APA submissions. Appellant only included the accepted left leg claim in their pre-hearing brief. (Appellants' Form 58 dated 6/24/19). Respondent included the left leg and the denied back and depression claims in his pre-hearing briefs. (Respondent's Form 58's dated 6/14/19 and 7/15/14).

At the pre-hearing conference on July 25, 2019 Respondent withdrew his Amended Form 50 and APA exhibits relating to for the denied back and depression claims. The hearing Commissioner ruled Appellant's Form 21 and pre-hearing brief

were limited to the admitted left leg injury and the hearing would go forward on the left leg claim only. (Tr., pp. 15 – 16).

On November 25, 2019 the hearing Commissioner issued a Decision and Order finding the Respondent reached maximum medical improvement (MMI) on February 8, 2019, awarded PPD for a 25% loss of use of Respondent's left leg, granted a credit for overpayment of TTD after July 3, 2019, and ordered lifetime maintenance of implanted surgical hardware. (Decision and Order dated November 25, 2019).

On December 6, 2019 Appellants filed a Form 30 request for review. (Form 30 dated March 16, 2020). An Appellate Panel of the Commission issued a Decision and Order affirming the hearing Commissioner on August 3, 2020. (Appellate Panel Decision and Order dated 8/3/2020).

On September 1, 2020 Appellants filed a Notice of Appeal and this appeal follows. (Notice of Appeal dated 9/1/20).

FACTS

Respondent is 60 years old. He is married and raised six children. He completed two years of college and has an Associate's Degree. He served six years active duty in the Army and twenty years in the Navy reserves before retiring in 2015. He worked for the Charleston County Sheriff's Office for thirty-five years. (Tr., pp. 25 – 26).

On February 16, 2017 Respondent was providing Family Court security when he injured his left leg restraining a disruptive person. He experienced immediate pain and swelling in his left ankle. (Tr., p. 28). He was referred by Appellants to the

Charleston Center of Occupational Health (CCOH). CCOH put him out of work, ordered an MRI of his left ankle, and referred him to Dr. William Corey at LowCountry Orthopedics for further evaluation and treatment. (Tr., p. 29 – 30).

Respondent was seen by Dr. Corey on March 3, 2017. (Tr., p. 30). Dr. Corey continued the Respondent out of work. (Tr., p. 32). On November 7, 2017 Dr. Corey performed left ankle surgery to repair a nonunion of the left distal fibula fracture with bone grafting. (APA #5). Post-surgery Respondent remained out of work first in a cast and later in a boot utilizing a scooter to ambulate. (Tr., pp. 34 – 35). Respondent experienced continued pain limiting his ability to stand or walk and he requested a second opinion. (Tr., p. 36).

Respondent was referred to Dr. Chris Kestner for a second opinion on August 1, 2018. On September 27, 2018 Dr. Kestner performed surgery to remove prior surgical hardware and repair the lateral ligaments of Respondent's left ankle surgically implanting a suture anchor. (APA #7). Although the Respondent noted some improvement, he continued to have pain when standing and walking. (Tr. p. 38). Dr. Kestner released the Respondent as having reached maximum medical improvement (MMI) on February 8, 2019 with a 5% impairment to his left leg. (Tr. p. 38).

Following his release by Dr. Kestner, Respondent was seen by Dr. Barry Weissglass, CCOH, for a fitness for duty evaluation on February 19, 2019. (Tr. p. 41; APA #1). Dr. Weissglass' evaluation states: "Work Related?: Yes. Work Status/Fitness for Duty: unable to work due to work related injury" adding "it is unlikely that he would be able to tolerate the stresses that would be placed on his ankle in the performance of

his duty." (APA #1). Although Respondent had other health conditions impacting his ability to work, the fitness for duty evaluation was based on the left leg. (Tr., pp. 64-65).

The same day Dr. Weissglass found Respondent unfit to return to work, the Respondent submitted a letter of resignation to the Charleston County Sheriff's Office. (Tr. p. 50, 69 -60, 65; APA # 1).

Respondent continued to have problems bearing full weight on his left leg. (Tr., pp. 39 – 40). He was seen by Dr. Bright McConnell for an independent medical evaluation on June 3, 2019. (APA #8). Dr. McConnell assigned a 10% impairment to the left leg. (APA # 8).

Respondent testified he continues to have daily pain in his left ankle, heel, and across the top of his foot. He testified he cannot walk as far as he used to, cannot run, lift, or jump. (Tr. p. 43 – 44). He testified he does not believe he could return to his job as a deputy because his limitations would risk the safety of other officers. (Tr., p. 45).

STANDARD OF REVIEW

Judicial Review of Workers' Compensation Commission decisions is provided under § 42-17-60, *S.C. Code Anno.*, as amended 2007, of the Workers' Compensation Act:

> The award of the commission ... is conclusive and binding as to all questions of fact. However, either party to the dispute ... may appeal from the decision of the commission ... for errors of law under the same terms and conditions as govern appeals in ordinary civil actions.

Judicial review is also provided under § 1-23-380(5), *S.C. Code Anno.*, as amended 2008, of the Administrative Procedures Act:

> The court may not substitute its judgment for the judgement of the agency as to the weight of the evidence on questions of fact. The court may affirm the decision of the agency or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the appellant have been prejudiced because the administrative findings, inferences, conclusions, or decision are:
>
> (a) In violation of constitutional or statutory provisions;
> (b) In excess of the statutory authority of the agency;
> (c) Made upon unlawful procedure;
> (d) Affected by other error of law;
> (e) Clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record;
> (f) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion.

Lark v. Bi-Lo, Inc., 276 S.C. 130, 276 S.E.2d 304 (1981).

Appellate Courts may reverse a decision by the Commission if it is affected by an error of law or is clearly erroneous in view of the substantial evidence on the whole record. *Id.*; *Sturkie v. Ballenger*, 268 S.C. 536, 235 S.E.2d 120 (1977). The substantial evidence required to support a factual finding by the Commission is not evidence viewed blindly from one side of the case, but is evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the administrative agency reached in order to justify its action. *Etheredge v. Monsanto Co.*, 349 S.C. 452, 652 S.E.2d 679 (2002).

ARGUMENT

I. IT WAS NOT AN ABUSE OF DISCRETION TO ALLOW THE RESPONDENT TO WITHDRAW HIS AMENDED FORM 50 UNDER W.C.C. REG. 67-609.

Workers' compensation claims are heard in a summary manner. § 42-17-40(A), *S.C. Code Anno.*, as amended 1999. "An administrative or quasi-judicial body is allowed wide latitude of procedure ..." *Hallums v. Michelin Tire Corp.,* 308 S.C. 498, 504, 419 S.E.2d 235, 239 (Ct.App.1992). The decision whether to go forward with a claim rests in the sound discretion of the hearing commissioner and will not be disturbed unless it is shown to be an abuse of discretion. *Logan v. Gatti,* 289 S.C. 546, 548, 347 S.E.2d 506, 507 (Ct.App.1986); *Trotter v. Trane Coil Facility*, 393 S.C. 637, 645, 714 S.E.2d 289, 293 (2011).

Appellants' Form 21 requested a determination of permanent partial disability (PPD) of the Respondent's accepted left leg claim and a credit for overpayment of TTD. Appellants' Form 58 pre-hearing brief was limited to the accepted left leg claim. If Appellants desired a determination of the denied of back and depression claims, they should have filed an Amended Form 21 or included the denied claims in their pre-hearing brief. W.C.C. Reg. 67-610 requires an "'[a]mended' form must be filed to indicate a change in the nature of the claim, relief requested or another defense."

In compliance with the regulation, Respondent filed an Amended Form 50 to include claims for back and depression and included those claims in his pre-hearing brief. Appellant incorrectly frame the question presented as whether the Commission erred in allowing Respondent to amend his pre-hearing brief in violation of W.C.C. Reg. 611(B)(2) which requires amendments be made five days before the hearing. Respondent did not amend his pre-hearing brief, he withdrew his Amended Form 50. W.C.C. Reg. 67-609(A) allows a claimant to withdraw a Form 50 "once s a matter of right with leave to renew." The regulation does not contain a time limit for withdrawal. Respondent

did no more than exercise his right to withdraw his Amended Form 50 at the hearing. Once this was done the only claim pending was the accepted left leg claim. The Commission did not abuse its discretion allowing the Respondent to withdraw his Amended Form 50 and ruling the hearing would go forward on the left leg claim only.

II. ALLOWING RESPONDENT TO WITHDRAW HIS AMENDED FORM 50 DID NOT FRUSTRATE THE PURPOSE OF THE WORKERS' COMPENSATION ACT.

Appellants' argument the withdrawal of Respondent's Amended Form 50 frustrates the "primary goal of the Workers' Compensation Act ... to provide quick and efficient resolution of work-related injury claims" is based upon faulty assumptions and speculations about nefarious intentions and dire consequences unsupported by the record.

The Supreme Court in *Peay v. U.S. Silica Co.*, 313 S.C. 91, 94, 437 S.E.2d 64, 65 (1993), did not say the primary goal of the Workers' Compensation Act was to prevent employers and employees from becoming bogged down in "complicated and never-ending litigation." It simply said, "Workers' compensation laws were intended by the Legislature to relieve workers of the uncertainties of a trial for damages by providing sure, swift recovery for workplace injuries regardless of fault." *Cokeley v. Robert Lee, Inc.*, 197 S.C. 157, 14 S.E.2d 889 (1941). To accomplish this purpose the Commission hears claims in a summary fashion and is given wide latitude in matters of procedure.

Appellant's begin their argument allowing the withdrawal of Respondent's Amended Form 50 frustrated the purpose of the Act falsely suggesting there has been some nefarious intentional delay. Appellants noted "almost four years have elapsed since Respondent sustained his work-related injury" as if the Respondent was somehow responsible for or intended the delay. The record establishes Respondent received conservative treatment eight months of following his accident before the authorized physician performed left ankle

surgery to repair the nonunion of his left distal fibula fracture. Post-surgery the Respondent spent another ten months in a cast or walking boot using a scooter to ambulate before requesting a second opinion. The second authorized physician performed a second surgery to repair the ligaments of Respondent's left ankle. The Respondent did not intend and is not responsible for the length of his medical treatment.

Appellants continue their argument by noting the Respondent "quickly hired counsel" who immediately filed a Form 50 alleging the left leg injury as if counsel should have known then it would take two years and two surgeries to treat Respondent's left leg fracture or that in the interim the Respondent would develop back pain and become depressed. Appellants speculate Respondent "intentionally delayed a hearing" hoping evidence supporting the back and depression claims would develop in an obvious attempt to mirror the hypothetical untenable situation discussed in *Tucker v. S.C. Dep't of Transp.*, 427 S.C. 299, 831 S.E.2d 426 (2019), which would have "no chance of success." The record more reasonably reflects Respondent was diligently preparing to present all his claims at the anticipated to pay hearing. He amended his Form 50 to include the back and depression injuries two months before the anticipated hearing. He filed his pre-hearing brief including the back and depression injuries twelve days before the hearing. And, the record also reflects, Respondent attempted to supplement his pre-hearing brief the day of the hearing with a vocational evaluation he had just received. Appellants objected to the report as being untimely which led the hearing Commissioner to ask, "Okay. Now, you want me to make [back and depression]

compensability findings today but you're not going to let her report; help me understand that from a legal perspective." (Tr., p. 10).

Respondent's back and depression claims had only been pending for two months, nothing like the ten year delay that concerned the Court in *Peay v. U.S. Silica Co.*, 393 S.C. 91, 437 S.E.2d 64 (1993) the cited by Appellants. Rather than relying on the *dicta* concerning a hypothetical intentional delay, Respondent would quote the language used in the decision, "[i]f the parties need time to prepare, or to negotiate in good faith, the assigned commissioner – or an appellate panel on review –should allow it." *Tucker, supra.*, 831 S.E.2d at 428.

Appellants continue their argument by trying to graft civil court procedural rules onto the worker's compensation system. Appellants would require the Commission to resolve all possible claims arising from a work-related injury at one time under the doctrine of *res judicata.* In the civil court the doctrine of *res judicata* precludes relitigation of claims that were or could have been litigated. *Wold v. Funderburg*, 250 S. C. 205, 157 S. E. 2d 180 (1975). This is not the procedure followed by the Commission. Often, the Commission will hear a denied claim first to determine whether an injury is compensable and whether medical treatment should be provided. Sometimes, the Commission will rule an injured worker is not at MMI and will order additional medical treatment. Even after an award for permanency is made, an injured claimant can come back up to a year later to seek an additional awardbased on a change of condition under § 42-17-90, *S.C. Code Anno.*, as amended 2007, even for a new injury not addressed in the original hearing. *Estridge v. Joslyn Clark Controls, Inc.*, 325 S.C. 532, 482 S.E.2d 577 (S.C. App. 1997). Imposing rules

from the civil court would frustrate rather that promote the goal of the Workers' Compensation Act to provide quick and efficient resolution of claims.

Finally, Appellants argue employers and employees will somehow be prejudiced if the Commission allows injured workers to receive PPD benefits for accepted injuries while claims for other injuries remain disputed. The suggested prejudice of inconsistent decisions, double dipping, and "never-ending litigation" are purely speculative. All claims would remain time limited by the notice, filing, and change of condition provisions of the Act and subject to appellate panel and judicial review to prevent stale claims and abuses under *Russell, supra.*, and *Tucker, supra.* Such a rule would certainly not "prevent injured workers from receiving benefits for accepted injuries in a timely fashion" and would enable employers and carriers to pay accepted claims with "finality" without waiving defenses to disputed ones.

Appellants faulty assumptions about the nature of work-related injuries and the current procedures followed to adjudicate claims and Appellants speculations outside the record about nefarious intentions and dire consequences that may or may not occur do not establish the Commission frustrated the intended purpose of the Act in allowing Respondent to withdraw his Amended Form 50 that had been pended for only two months.

III. THE COMMISSION DID NOT ABUSE ITS DISCRETION AWARDING A CREDIT FOR PAYMENT OF WHEN NOT DUE ONLY TO THE DATE TTD WAS BROUGHT CURRENT AFTER IT WAS TERMINATED IN VIOLATION OF § 42-9-260 AND W.C.C. REG. 67-506.

Respondent does not question the definition of TTD found in *Curiel v. Envtl. Mgmt. Servs.*, 376 S.C. 23, 29, 655 S.E.2d 482, 485 (2007):

> Essentially, workers' compensation benefits accrue along a time continuum: temporary total disability benefits are available from

> the date of injury through the date of maximum medical improvement; post-MMI benefits may then be awarded either as a permanent total or partial disability, or as a percentage of impairment to a scheduled member. *Smith v. NCCI, Inc.*, 369 S.C. 236, 631 S.E.2d 268 (Ct.App.2006). Accordingly, the date of maximum medical improvement signals the end of entitlement to temporary total benefits.

The question presented, however, is what happens when TTD benefits are paid when not due.

Appellants paid TTD for more than one-hundred-fifty days before it terminated TTD on February 8, 2019, the date Dr. Kester released Respondent as having reached MMI. Section 42-9-260(F), *S.C. Code Anno.*, as amended 1996, governs termination of TTD after one-hundred-fifty days and provides:

> (F) After the one-hundred-fifty-day period has expired, the commission shall provide by regulation the method and procedure by which benefits may be suspended or terminated for any cause, but the regulation must provide for an evidentiary hearing and commission approval prior to termination or suspension unless such prior hearing is expressly waived in writing by the recipient or the circumstances identified in Section 42-9-260(B)(1) or (B)(2) are present. Further, the commission may not entertain any application to terminate or suspend benefits unless and until the employer or carrier is current with all payments due.

See also: W.C.C. Reg. 67-506. Since TTD was terminated in violation of the regulations, Appellants were required to bring it current by the interim Order of the hearing Commission dated June 27, 2019. *See also*: W.C.C. Reg. 67-506. Therefore, Appellants paid TTD after Respondent reached MMI when not due and payable but that does not automatically mean they are entitled to a deduction for those payments.

Section 42-9-210, *S.C. Code Anno.*, 1976, governs deductions for payments made when not due and payable and provides:

> Any payments made by an employer to an injured employee during the period of his disability, or to his dependents, which by the terms of this title were not due and payable when made may, subject to the approval of the commission, be deducted from the amount to be paid as compensation ...

Such payments can only be deducted from compensation to be paid when approved by the commission. The unlawful termination of TTD without approval can result in the claimant receiving additional compensation and a penalty. W.C.C. Reg. 67-510 which provides:

> If the employer's representative suspends, terminates, or reduces temporary total or temporary partial compensation benefit without first complying with the procedures in this Article, the claimant may be entitled to additional compensation and penalty as provided in this Chapter and the Act. (Emphasis added).

The Commission did not abuse its discretion by granting an overpayment only after TTD was brought current in lieu of the 25% penalty provided by § 42-9-260(G), *S.C. Code Anno.*, as amended 1996. Granting an automatic overpayment for any TTD paid after MMI as proposed by Appellants would frustrate the purpose of the suspension and termination statutes and regulations.

IV. THE COMMISSION AWARD OF A 25% LOSS OF USE OF THE LEFT LEG IS SUPPORTED BY SUBSTANTIAL EVIDENCE.

The extent of an injured worker's disability is a question of fact for determination by the Commission and will not be reversed if supported by substantial evidence. *Colvin v. E.I. Du Pont De Nemours Co.*, 227 S.C. 465, 473, 88 S.E.2d 581, 585 (1955); *Hamilton v. Martin Color-Fi, Inc.*, 405 S.C. 478, 488, 748 S.E.2d 76, 82 (Ct. App. 2013). A claimant need not prove

disability with mathematical certainty nor by direct evidence of the percentage of loss as long as the evidence fairly proves the extent the of disability. *Dickey v. Springs Cotton Mills*, 209 S.C. 204, 210, 39 S.E.2d 501, 503 (1946).

Respondent worked for the Charleston County Sheriff's Office for 35 years before his admitted injury to his left ended his career. He remained out of work under medical treatment for two years and underwent two surgeries but, unfortunately, continued to experience limitations and chronic pain. He was released by Dr. Kestner following his second surgery on February 8, 2019 with a 5% impairment to his left leg but was then seen by Dr. Barry Weissglass, CCOH, for a fitness for duty evaluation on February 19, 2019. Dr. Weissglass concluded Respondent was unable to return to duty as a deputy because it was "unlikely that he would be able to tolerate the stresses that would be placed on his ankle in the performance of his duty." He was forced to resign from the Department. Respondent was also seen by Dr. Bright McConnell for an independent medical evaluation who assigned a 10% impairment to the left leg. Respondent testified he continues to have daily pain in his left ankle, heel, and across the top of his foot and cannot walk as far as he used to, run, lift, or jump.

In *Roper v. Kimbrell's of Greenville, Inc.*, 231 S,C. 453, 99 S.E.2d 52 (1957), the claimant was rated as having sustained a 5% impairment of the right shoulder and a 10% impairment of the left shoulder. The Commission's award of a 40% permanent partial disability to the left arm and 15% permanent partial disability to the right arm was affirmed on appeal based on medical ratings and the claimant's testimony about his limitations and pain. The Court noted the percentage of disability or loss of use need not be shown with

mathematical exactness, but rather, must be based upon all the evidence – both medical evidence and testimony of the witnesses.

Substantial evidence supporting a factual finding by the Commission evidence which, considering the record as a whole, would allow reasonable minds to reach the conclusion the Commission reached. *Myers v. S.C. Dept. of Health and Human Servs.*, 418 S.C. 608, 795 S.E.2d 301 (S.C. App. 2016). A reviewing Court cannot substitute its judgement for that of the Commission on the weight of the evidence. *Id.* And, the possibility of drawing tow inconsistent conclusions from the evidence does not prevent the Commission's finding from being supported by substantial evidence. *Forman v. S.C. Dept. of Labor*, 419 S.C. 64, 796 S.E.2d 138 (S.C. App. 2016). The medical evidence, ratings, unfit for duty evaluation ending Respondent's thirty-five year career with the Charleston County Sheriff's Office combined with Respondent's testimony continued pain and physical limi5ations provides substantial evidence in support of the Commission's award of a 25% loss of use of his left leg.

CONCLUSION

For the foregoing reasons Respondent requests that the decision of the Commission be affirmed.

Respectfully submitted,

Catherine D. Meehan
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for the Respondent

Charleston, South Carolina

January 4, 2021.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

Appellate Case No.: 2020-001220

Paul Misuraca, ... Respondent,

v.

Charleston County, Employer, and
South Carolina Association of
Counties, SIF, Carrier, ... Appellants.

DEIGNATION OF MATTER TO BE INCLUDED IN THE RECORD ON APPEAL

Respondent agrees to the matter to be included n the Record on Appeal proposed by Appellant and the undersigned certifies the designation contains no matter which is irrelevant to this appeal.

Catherine D. Meehan
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for the Respondent

Charleston, South Carolina

January 4, 2021.

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE WORKERS' COMPENSATION COMMISSION

Appellate Case No.: 2020-001220

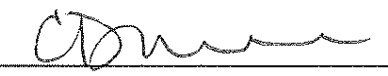
Paul Misuraca, ... Respondent,

v.

Charleston County, Employer, and
South Carolina Association of
Counties, SIF, Carrier, ... Appellants.

PROOF OF SERVICE

I certify that I have served the Initial Brief of Respondent and Respondent's Designation of Matter to be Included in the Record on Appeal on Appellant's counsel by depositing copies of them in the United States Mail, postage prepaid, addressed to Johnnie W. Baxley, III, Wilson Jones Carter & Baxley, P.A., 421 Wando Park Blvd., Suite 100, Mt. Pleasant, SC 29464..



Catherine D. Meehan
The Steinberg Law Firm, L.L.P.
61 Broad Street
Post Office Box 9
Charleston, South Carolina 29402
(843) 720-2800
Attorneys for the Respondent

Charleston, South Carolina

January 4, 2021.

RECEIVED
Jan 04 2021
SC Court of Appeals

STEINBERG
LAW FIRM LLP
Get The Firm Behind You

61 Broad Street | PO Box 9 | Charleston | SC | 29401 | (843) 720-2800 | (843) 720-2801 fax | www.steinberglawfirm.com

January 4, 2021

Via Facsimile: (803) 734.1839
The Honorable Jenny Abbott Kitchings
Clerk of Court
South Carolina Court of Appeals
P.O. Box 11629
Columbia, SC 29211

Re: Paul Misuraca v. Charleston County and SC Association of Counties SIF
Appellate Case No. 2020-001220

Dear Ms. Kitchings:

Attached for filing please find the Initial Brief of Respondent, Designation of Matter to be Included in the Record on Appeal, and the Proof of Service in the above-referenced matter.

With kindest regards, I am

Sincerely,

Catherine Meehan
Email: cmeehan@steinberglawfirm.com
Direct Fax: (843) 720-2801

CDM/gmh
Enclosures
cc: Johnnie W. Baxley, III, Esquire (w/encl)
William H. Lyon, Esquire (w/encl)
David T. Pearlman, Esquire (w/encl, via email only)