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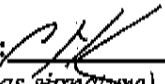
May 03 2021

SC Court of Appeals

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 to South Carolina Court Administration at 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			
Full Name <u>C. HOLMES</u>	Phone Number <u>843-883-0010</u>	Email Address <u>N/A</u>	
Mailing Address <u>PO BOX 187</u>	City <u>SULLIVANS ISL</u>	State <u>SC</u>	Zip Code <u>29482</u>
Transcript Information			
Docket Number <u>19-CP-10-03131</u>	Case Caption (i.e. State v. John Doe or Smith v. Smith) <u>DOE V ALKA ET AL</u>		
Date(s) of Proceeding <u>DEC. 8, 2020</u>	Circuit Family <input checked="" type="checkbox"/> <input type="checkbox"/>	County <u>CHARS.</u>	
Presiding Judge <u>JUDGE PRICE</u>	Expedited Yes <input type="checkbox"/> No <input type="checkbox"/>		
Court Reporter(s) <u>AUDIO ONLY</u>	Opposing Counsel <u>GT WALKER, B. TRAYWICK</u>		

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

Date: 4/27/21

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			
Full Name	Date Received	Email Address	
Notice of Estimate to Requestor Party Date: _____ Number of Pages: _____ Estimated Amount _____			
Mailing Address for Payment	City	State	Zip Code

cc: Defendants: Ben Traywick, 171 Church St., Ste. 340, Chas., SC 29401,
GT Walker, 66 Hasell St., Chas., SC 29401.

cc: SCCA, 1220 Senate St., Ste. 201, Columbia, SC 29201

cc: SCCOA, 1220 Senate St., Columbia, SC 29201



South Carolina Court Administration
South Carolina Supreme Court
Columbia, South Carolina

TONNYA K. KOHN
STATE COURT ADMINISTRATOR

KARAMA BAILEY
DEPUTY DIRECTOR

1220 SENATE STREET, SUITE 200
COLUMBIA, SOUTH CAROLINA 29201
TELEPHONE: (803) 734-1800
FAX: (803) 734-0269
EMAIL: kbailey@sccourts.org

April 9, 2021

Mr/ Ms. C Holmes
P.O. Box 187
Sull. Isd., SC 29482

Dear Mr / Ms. Holmes:

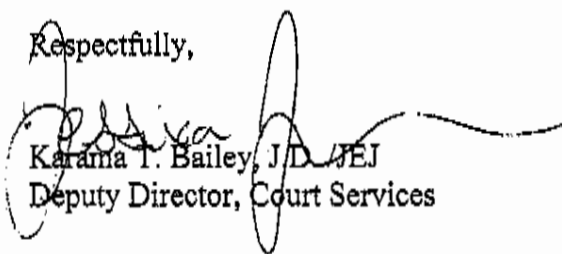
I am writing in response to your letter received by this office on March 3, 2021, in which you are requesting a transcript. If you would like to order a transcript of a proceeding that was heard in circuit or family courts, you must complete the SCCA Form 800, Transcript Request Form, which I have included for your convenience.

To complete the Transcript Request Form, you will need the following information:

1. Case caption (i.e. State v. John Doe)
2. Name of presiding judge
3. County of proceeding
4. Date(s) of proceeding
5. Court reporter name, if available

Please do not hesitate to contact this office again, if you have questions regarding court reporters and/or to obtain transcripts from proceedings in circuit or family court in this state.

Respectfully,


Karama T. Bailey, J.D. JEJ
Deputy Director, Court Services

DURST FAMILY MEDICINE, LLC

(843) 883-3176

(843) 883-3459

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FACSIMILE TRANSMITTAL SHEET

TO: FROM: C. HOLMES, M.D.

COMPANY: DATE:

FAX NUMBER: TOTAL NO. OF PAGES, INCLUDING COVER:

PHONE NUMBER: SENDER'S REFERENCE NUMBER:

RE: YOUR REFERENCE NUMBER:

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

This document being faxed is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of the communication is strictly prohibited. If you have received this communication in error, please notify the sender by telephone at the number shown above and return the original transmission to us at the address below by United States Postal Service. Thank you.

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Hand copy
available
on request

Thank you!