



Telephone (803) 881-8920  
Facsimile (803) 862-1181

5 Calendar Court, Suite 202 (29206)  
Post Office Box 6923  
Columbia, South Carolina 29260

June 1, 2021

**ANDREW F. LINDEMANN\***  
Direct Dial: (803) 881-8921  
Email: [andrew@ldlawsc.com](mailto:andrew@ldlawsc.com)

**JAMES M. DAVIS, JR.†**  
Direct Dial: (803) 881-8922  
Email: [jim@ldlawsc.com](mailto:jim@ldlawsc.com)

\*Also Admitted in North Carolina  
†Certified Mediator

*Of Counsel*

**STEVEN R. SPREEUWERS**  
Direct Dial: (803) 373-2268  
Email: [steve@ldlawsc.com](mailto:steve@ldlawsc.com)

**Via Email Only**

The Honorable Jenny Abbott Kitchings  
Clerk of Court  
South Carolina Court of Appeals  
Email: [ctappfilings@sccourts.org](mailto:ctappfilings@sccourts.org)

RE: Logan Wood and Sarah Wood v. Horry County School District  
Appellate Case Number: 2021-000535  
Civil Action Number: 2017-CP-26-6643  
Claim Number: B4173  
Our File Number: 104.20465

**RECEIVED**

**Jun 01 2021**

**SC Court of Appeals**

Dear Ms. Kitchings:

Please find enclosed a copy of the Appellant's Transcript Request Form that has been emailed to Court Administration and Court Reporter Sallie Beth Todd. If you have any questions, please advise.

Sincerely,

LINDEMANN & DAVIS, P.A.

Andrew F. Lindemann

AFL/jmb  
Enclosure

cc: James B. Moore, III, Esquire (*Via Email Only, w/ Enclosure*)  
Scott C. Evans, Esquire (*Via Email Only, w/ Enclosure*)  
Justin Lovely, Esquire (*Via Email Only, w/ Enclosure*)  
Amy Lawrence, Esquire (*Via Email Only, w/ Enclosure*)  
Joseph P. McLean, Esquire (*Via Email Only, w/ Enclosure*)

RECEIVED

Jun 01 2021

Transcript Request Form

SC Court of Appeals

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: Andrew F. Lindemann
Phone Number: (803) 881-8920
Email Address: andrew@ldlawsc.com, transcripts@ldlawsc.com
Mailing Address: PO Box 6923, Columbia, SC 29260
City: Columbia, State: SC, Zip Code: 29260
Transcript Information
Docket Number: 2017-CP-26-6643
Case Caption: Logan Wood and Sarah Wood v. Horry County School District
Date(s) of Proceeding: April 12-15, 2021
Circuit: [checked], Family: [unchecked]
County: Horry
Presiding Judge: William H. Seals, Jr.
Expedited: Yes [unchecked], No [checked]
Court Reporter(s): Sallie Beth Todd, sbtodd@sccourts.org
Opposing Counsel: James B. Moore, III; Scott C. Evans; Justin Lovely; and Amy Lawrence

Requestor's Signature: s/ Andrew F. Lindemann Date: June 1, 2021
(Typed name will serve as signature)

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: \_\_\_\_\_