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Jun 22 2021

SC Court of Appeals



SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

Division of Appellate Defense
1330 Lady Street, Suite 401
Columbia, South Carolina 29201-3332

Post Office Box 11589
Columbia, South Carolina 29211-1589
Telephone: (803) 734-1330
Facsimile: (803) 734-1345

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

June 22, 2021

The Honorable Jenny Abbott Kitchings
Clerk, S.C. Court of Appeals
PO Box 11629
Columbia, SC 29211

Re: The State v. Miquell Lutron Bryan – Appellate Case No. 2020-000075

Dear Ms. Kitchings:

We received the order of the Honorable Stephanie P. McDonald that was filed on June 16, 2021, mandating that our office provide Miquell Bryan with a copy of his trial transcripts. As you can see by the attached transcript request letter, we have requested the trial transcript from the court reporter. Trial counsel, Jason Mikell, has informed our office that the only pre-trial hearing involved was held on January 6, 2020, the first day of the trial. There was not a post-trial motion hearing. Once our office has received the trial transcript, we will provide Mr. Bryan with a copy.

If you need any additional information, or have any questions or concerns, please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "R M Dudek", is written over a faint, larger version of the signature.

Robert M. Dudek
Chief Appellate Defender

RMD/ab
Attachment

cc: Attorney General's Office
Mr. Miquell Bryan



SCCID

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SC Court of Appeals

Ms. Krista N. Carney
1453 Amanda Park Lane
Charleston, SC 29412

Dear Ms. Carney:

Please provide us with the following transcript:

The State v. Miquell Lutron Bryan
Appellate Case No. 2020-000075
County: Charleston
Presiding Judge: Perry M. Buckner

Case #: 2017-GS-10-03228

Date of Trial: January 6-7, 2020

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,

s/Della White
Administrative Coordinator

cc: S. C. Court of Appeals
Attorney General's Office
S. C. Court Administration



SCCID

SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE

COURT REPORTERS' REQUEST FOR PAYMENT FOR TRANSCRIPT IN CRIMINAL INDIGENCY CASE

TO: SC COMMISSION ON INDIGENT DEFENSE
PO BOX 11589
COLUMBIA, SC 29211-1589

SIGNATURE OF APPROVING OFFICIAL AT APPELLATE DEFENSE:

FORWARD THIS SIGNED AND COMPLETED FORM ALONG WITH THE REQUESTED TRANSCRIPT TO THE SC COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION. THE SC COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION WILL APPROVE THIS REQUEST FOR PAYMENT AND FORWARD THE REQUEST TO THE S.C. COMMISSION ON INDIGENT DEFENSE FOR PAYMENT. ALL QUESTIONS REGARDING PAYMENT SHOULD BE MADE TO THE S.C. COMMISSION ON INDIGENT DEFENSE, P.O. BOX 11433, COLUMBIA, SC 29211-1433, PHONE: 803.734.1343, e-mail: executive@sccid.sc.gov.

CASE NAME:

CRIMINAL CASE (INDICTMENT) NO.(s):

DATE TRANSCRIPT REQUESTED BY APPELLATE DEFENSE:

DATE TRANSCRIPT PROVIDED TO APPELLATE DEFENSE:

PLEASE NOTE THAT THE DEFENSE OF INDIGENTS FUND WILL REIMBURSE THE REQUESTING PARTY FOR EITHER THE ORIGINAL TRANSCRIPT OR ONE COPY, BUT NOT FOR BOTH. PLEASE DO NOT INCLUDE KEYWORD INDEXING.

RULE 607 (H)(1), SCACR, PROVIDES THAT IN ALL CRIMINAL INDIGENCY CASES, INCLUDING POST-CONVICTION AND SEXUAL VIOLENT PREDATOR PROCEEDINGS, THE FEE FOR THE ORIGINAL TRANSCRIPT IS FOUR DOLLARS AND TWENTY-FIVE CENTS (\$4.25) PER PAGE AND THE FEE FOR A COPY OF THE TRANSCRIPT IS ONE DOLLAR (\$1.00) PER PAGE.

PURSUANT TO THE REQUEST OF THE S.C. COMMISSION ON INDIGENT DEFENSE, APPELLATE DIVISION, THE TRANSCRIPT IN THE ABOVE MATTER WAS PROVIDED TO THAT OFFICE. REIMBURSEMENT IN THE FOLLOWING AMOUNT IS HEREBY REQUESTED:

- ORIGINAL TRANSCRIPT OF _____ PAGES: \$ _____
- COPY OF ORIGINAL TRANSCRIPT OF _____ PAGES: \$ _____
- OTHER (Please specify): _____: \$ _____

TOTAL PAYMENT REQUESTED:

\$

PRINTED OR TYPED NAME OF COURT REPORTER:

SIGNATURE OF COURT REPORTER:

ADDRESS:

A SC VENDOR IDENTIFICATION NUMBER, WHICH IS ISSUED BY THE SC COMPTROLLER GENERAL'S OFFICE, AND IS NEITHER A FEDERAL EMPLOYER IDENTIFICATION NUMBER NOR AN INDIVIDUAL SOCIAL SECURITY NUMBER, IS REQUIRED FOR PAYMENT PROCESSING. (SCCID DOES NOT REQUIRE A FEI OR SSN)

IF YOU DO NOT HAVE A SC VENDOR ID NUMBER, APPLY HERE:
<https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>

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NOTE: ONCE YOU APPLY FOR A SC VENDOR ID, THE SC COMPTROLLER GENERAL'S OFFICE REQUIRES A 72-HOUR WAITING PERIOD TO VERIFY YOUR ID NUMBER. ADDITIONAL LINKS AND INFORMATION MAY BE FOUND AT:

<http://sccid.sc.gov/register.cfm>

EMAIL ADDRESS:

VENDOR ID NUMBER:

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SCCID FILE NUMBER:

DOCUMENT NUMBER:

Jun 22 2021

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 Della White	Phone Number 803-734-1330	Email Address dwhite@sccid.sc.gov	
Mailing Address 1330 Lady Street, Suite 401	City Columbia	State SC	Zip Code 29201
Transcript Information			
Docket Number 2017-GS-10-03228	Case Caption (i.e. State v. John Doe or Smith v. Smith) The State v. Miquell Lutron Bryan		
Date(s) of Proceeding January 6-7, 2020	Circuit X Family	County Charleston	
Presiding Judge Perry M. Buckner	Expedited Yes No <input checked="" type="checkbox"/>		
Court Reporter(s) Krista Nicole Carney	Opposing Counsel		

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

Date: 06/22/2021

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 _____