



# SCCID

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

**RECEIVED**

**Nov 22 2021**

**SC Court of Appeals**

November 22, 2021

Ms. Stacy S. Johnson  
Circuit Court Reporter  
125 Firebridge Drive  
Chapin, SC 29036

Dear Ms. Johnson:

Please provide us with the following transcript:

Linda L. Monette v. The State

Case #: 020-GS-32-02409,02415,02410, &  
02414A020-GS-32-02409,02415,02  
410, & 02414A

Appellate Case No. 2021-001276

County: Lexington

Date of Trial: September 20-24, 2021

Presiding Judge: Walton J. McLeod, IV

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



**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)

PHONE NUMBER:

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

EMAIL ADDRESS:

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>

VENDOR ID NUMBER:

SCCID USE ONLY:

SCCID FILE NUMBER:

DOCUMENT NUMBER:

**Nov 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](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><br>Della White                       | <b>Phone Number</b><br>803-734-1330   | <b>Email Address</b><br>dwhite@sccid.sc.go |                          |
| <b>Mailing Address</b><br>1330 Lady Street, Suite 401 | <b>City</b><br>Columbia   | <b>State</b><br>SC                         | <b>Zip Code</b><br>29201 |
| Transcript Information                                |   |  |                          |
| <b>Docket Number</b>                                  | <b>Case Caption</b> (i.e. State v. John Doe or Smith v. Smith)<br>Linda L. Monette v. The State |  |                          |
| <b>Date(s) of Proceeding</b><br>September 20-24, 2021 | <b>Circuit X</b><br><b>Family</b>   | <b>County</b><br>Lexington                 |                          |
| <b>Presiding Judge</b><br>Walton J. McLeod, IV        | <b>Expedited</b> Yes<br>No X  |  |                          |
| <b>Court Reporter(s)</b><br>Ms. Stacy S. Johnson      | <b>Opposing Counsel</b>   |  |                          |

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

**Date:** 11/22/2021

**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                               |                               |                               |                          |
|---|-------------------------------|-------------------------------|--------------------------|
| <b>Full Name</b><br>_____                                 | <b>Date Received</b><br>_____ | <b>Email Address</b><br>_____ |                          |
| <b>Notice of Estimate to Requestor Party</b>              |                               |                               |                          |
| Date: _____ Number of Pages: _____ Estimated Amount _____ |                               |                               |                          |
| <b>Mailing Address for Payment</b><br>_____               | <b>City</b><br>_____          | <b>State</b><br>_____         | <b>Zip Code</b><br>_____ |