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## CROMER BABB PORTER & HICKS, LLC *Attorneys and Counselors at Law*

J. Lewis Cromer \* Julius W. Babb, IV \* J. Paul Porter \* Ryan K. Hicks  
Shannon M. Polvi \* Samantha E. Albrecht \* Elizabeth M. Bowen \* Elizabeth S. Millender

December 15, 2021

**RECEIVED**

**Dec 15 2021**

**SC Court of Appeals**

*Via Email Only*

Hon. Jenny Abbott Kitchings  
Clerk of Court  
South Carolina Court of Appeals  
Email: ctappfilings@sccourts.org

RE: Ammon L. "Treigh" Sullivan v. Richland County School District One and South Carolina Department of Education  
Appellate Case Number: 2021-000539  
Civil Action Number: 2020-CP-40-3674

Dear Ms. Kitchings:

Please find enclosed a copy of the Respondent's Transcript Request Form that has been emailed to Court Reporter Julie A. Cendroski and Court Administration. If you have any questions, please feel free to let us know.

With kind regards, I remain

Sincerely,



Iris W. Ray  
*Senior Litigation Paralegal*

/iwr  
Enclosure

cc: Andrew Lindemann, Esq. (*Via Email Only, w/Enclosure*)  
Dwayne T. Mazyck, Esq. (*Via Email Only, w/Enclosure*)  
Sheneka S. Lodenquai, Esq. (*Via Email Only, w/Enclosure*)

**Dec 15 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](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> <u>Ryan K. Hicks</u>		<b>Phone Number</b> <u>803-799-9530</u>	<b>Email Address</b> <u>ryan@cbphlaw.com</u>
<b>Mailing Address</b> <u>P.O. Box 11675</u>		<b>City</b> <u>Columbia</u>	<b>State</b> <u>SC</u>
<b>Zip Code</b> <u>29211</u>			
Transcript Information			
<b>Docket Number</b> <u>2020-CP-40-3674</u>		<b>Case Caption</b> (i.e. State v. John Doe or Smith v. Smith) <u>Ammon L. "Treigh" Sullivan v. Richland County School District One and South Carolina Department of Education</u>	
<b>Date(s) of Proceeding</b> <u>November 19, 2021</u>		<b>Circuit</b> <input checked="" type="checkbox"/> <b>Family</b> <input type="checkbox"/>	<b>County</b> <u>Richland</u>
<b>Presiding Judge</b> <u>L. Casey Manning</u>		<b>Expedited</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Court Reporter(s)</b> <u>Julie A. Cendroski</u> <u>jcendroski@sccourts.org</u>		<b>Opposing Counsel</b> <u>Ryan K. Hicks, Counsel for Plaintiff</u> <u>Dwayne T. Mazyck and Sheneka Lodenquai,</u> <u>Counsel for Richland Cty School District One</u>	

**Requestor's Signature:** s/Ryan K. Hicks  
(Typed name will serve as signature)

**Date:** 12/15/21

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