





# 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](mailto: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.cjo.sc.gov/SCVendorWeb/mainNewFrame.do>

PHONE NUMBER:

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:

SCCID USE ONLY:

SCCID FILE NUMBER:

DOCUMENT NUMBER:

**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> Della White	<b>Phone Number</b> 803-734-1330	<b>Email Address</b> dwhite@sccid.sc.gov	
<b>Mailing Address</b> 1330 Lady Street, Suite 401	<b>City</b> Columbia	<b>State</b> SC	<b>Zip Code</b> 29201
Transcript Information			
<b>Docket Number</b>	<b>Case Caption</b> (i.e. State v. John Doe or Smith v. Smith) The State v. Samuel McNeil		
<b>Date(s) of Proceeding</b> January 10-12, 2022	<b>Circuit X</b> <b>Family</b>	<b>County</b> Florence	
<b>Presiding Judge</b> H. Steven DeBerry IV	<b>Expedited</b> Yes No    X		
<b>Court Reporter(s)</b> DCRP	<b>Opposing Counsel</b>		

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

**Date:** 01/31/2022

**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> _____	<b>Zip Code</b> _____