

# A. J. Z. Law Firm, LLC

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*Celebrating 10 years of Fighting for Justice!*

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**RECEIVED**

**Mar 08 2022**

**SC Court of Appeals**

March 8, 2022

Francis B. Ray  
2216 Timberlane Drive  
Florence, SC 29506  
Via email: [fray@sccourts.org](mailto:fray@sccourts.org)

RE: Transcript Request  
State v. Haneef Childs (Marlboro County)  
Indictment Nos: 2017-GS-34-0054 & 0055

Appellate Case No.: 2021-000688

Dear Ms. Ray:

On June 18, 2021 a Motion to Reconsider hearing was held in Judge Culbertson's virtual courtroom regarding the above referenced matter. Please provide this office with a transcript of that hearing.

If you need any further information please do not hesitate to contact me.

Sincerely,



Christina Metze  
Paralegal to Aimee Zmroczek

**Mar 08 2022**

**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.

| <b>Requestor's Information</b>                    |   |   |                                 |
|---|---|---|---------------------------------|
| <b>Full Name</b><br><u>Aimee Zmroczek</u>         | <b>Phone Number</b><br><u>803-400-1918</u>  | <b>Email Address</b><br><u>aimee@ajzlawfirm.com</u>                                     |                                 |
| <b>Mailing Address</b><br><u>P.O. Box 11961</u>   | <b>City</b><br><u>Columbia</u>  | <b>State</b><br><u>SC</u>   | <b>Zip Code</b><br><u>29201</u> |
| <b>Transcript Information</b>                     |   |   |                                 |
| <b>Docket Number</b><br><u>2016A3420100297</u>    | <b>Case Caption (i.e. State v. John Doe or Smith v. Smith)</b><br><u>State v. Haneef Aquil Childs</u> |   |                                 |
| <b>Date(s) of Proceeding</b><br><u>6/18/2021</u>  | <b>Circuit</b> <input checked="" type="checkbox"/><br><b>Family</b> <input type="checkbox"/>          | <b>County</b><br><u>Marlboro</u>  |                                 |
| <b>Presiding Judge</b><br><u>Culbertson</u>       |   | <b>Expedited</b> Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> |                                 |
| <b>Court Reporter(s)</b><br><u>Francis B. Ray</u> |   | <b>Opposing Counsel</b><br><u>Elizabeth Munnerlyn</u>                                   |                                 |

**Requestor's Signature:** Aimee Zmroczek  
*(Typed name will serve as signature)*

**Date:** 3/8/2022

**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.

| <b>For Court Reporter Use Only</b>  |                               |                               |                          |
|---|-------------------------------|-------------------------------|--------------------------|
| <b>Full Name</b><br>_____   | <b>Date Received</b><br>_____ | <b>Email Address</b><br>_____ |                          |
| <b>Notice of Estimate to Requestor Party</b><br>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>_____ |