

# HOW TO REQUEST A HEARING TRANSCRIPT

1. Fill out a transcript request form ([JDF4 7/1/2023](#)). These are available online or in the Clerk of Courts office. The request forms have information regarding time frames and costs.
2. The request must be filed with the Clerk's office by mailing in, bringing in, emailing to the appropriate court location (see email addresses below) or by e-filing, if your case type requires. **Attorneys should e-file all transcript requests into e-filing case types.**
  - Arapahoe: [Acjcclerk@judicial.state.co.us](mailto:Acjcclerk@judicial.state.co.us)
  - Douglas: [DouglasClerk@judicial.state.co.us](mailto:DouglasClerk@judicial.state.co.us)
  - Elbert: [ElbertClerk@judicial.state.co.us](mailto:ElbertClerk@judicial.state.co.us)
  - Lincoln: [LincolnClerk@judicial.state.co.us](mailto:LincolnClerk@judicial.state.co.us)
3. Once the transcript request is received it will be assigned to a transcriber or sent to the proper Court Reporter. The transcriber will contact you with an estimate. The transcript will not be started until the transcriber receives a deposit. Once it is completed the transcriber will notify you of the full cost and the transcript will be sent to you once payment is received.
4. Requests for audio CDs or Tapes of the hearing **will not** be provided per CJD 05-03.

JDF 4



# Transcript Request Form

I would like to order transcripts of the court events listed below per [Chief Justice Directive](#) 05-03.

## 1. My Information

Name: \_\_\_\_\_

Law Firm/Agency: (if any) \_\_\_\_\_  
 If checked, this is a state agency under CJD 05-03(VI)(C)(1).

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## 2. Case Information

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Case Title: (caption; i.e People v Doe) \_\_\_\_\_

Division/Courtroom: \_\_\_\_\_ Judicial Officer: \_\_\_\_\_

## 3. Type and Cost

A transcriptionist will contact you to arrange payment before a transcript is started.

Type (check one)	Max Cost	Time from Start / Notes
<input type="checkbox"/> Ordinary	\$3.60 /page	30 Days
<input type="checkbox"/> Expedited	\$4.35 /page	10 Days
<input type="checkbox"/> Audio Recording (CD/MP4)	\$35	For Small Claims Appeals. *
Attach a Court Order to request the following types: CJD 05-03(V)(B).		
<input type="checkbox"/> Overnight (a.k.a. daily)	\$5.85 /page	Next day, by court opening.
<input type="checkbox"/> Hourly	\$6.85 /page	2 hours of adjournment.

See CJD 05-03 Appendix A for a full list of prices.

Is this request for an appeal?  No.  Yes.

**\* Note** On appeal, an audio recording can only work in place of a written transcript for **Small Claims** cases. C.R.S. § 13-6-410.  
Check with the district for its policy on ordering audio recordings of public hearings for unofficial use. CJD 05-03(V)(D)(2).

**4. Court Events to be Transcribed +**

Full Hearing	Hearing Portion	Event Type (and any portion details)	Hearing Date	Times
<i>Examples:</i>		<i>(for full) Trial Day 1.</i>	12/12/2023	8:30 – 4:15
		<i>(for a portion) Witness [full name]'s cross examination.</i>	06/13/2021	9:37 - 20 min.
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

*\* If an event has already been transcribed, you'll be charged a reduced copy rate (\$1.35 - \$1.85/page).*

**5. Sign & Date**

By signing below I, certify that I, or my firm/agency, will pay the full cost of the transcript.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Admin Use Only:**

Date of Request: \_\_\_\_\_

Reporter/ERO Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Estimate: Date \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Deposit: Date \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance/Refund Paid: \$ \_\_\_\_\_

Payment Arrangements: \_\_\_\_\_

Transcript sent on: \_\_\_\_\_

I Certify that the preparation of this transcript follows the fee and format prescribed in CJD 05-03.

Reporter/ERO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*ERO = Electronic Records Operator*