2 East 14 ^{tl}		te of Colorado er, CO 80203					
		·/·					
Trial Court	Judges(s):						
Case Numb	per(s):						
THE PEO		IE STATE OF COLORA		N1			
Minor Chi And Conce		•		A		4	
Appellant/	Respondent	[initials pursuant to § ::	19-1-109(1)	COURT US	E ONLY		
Attorney or Party Without Attorney (Name and Address):				Case Number	Case Number:		
Phone Num		E-mail:					
FAX Numb		Atty. Reg. i		Division	Courtroom		
shall inclu	de in the re	ascripts designated by a cord on appeal: ots of the following pro-		ne clerk of the	trial court		
1(List the name and the date of the proceeding.)							
2(List the name and the date of the proceeding.)							
The name	and addres	s of the court reporter(s	s) is:				
Name	me Name						
Address		Address					
City	State	Zip Code	City	State	Zip Code		

Signature, appellee or attorney for appellee	Date
CERTIFICATE OF	SERVICE
I certify that on	NATION OF TRANSCRIPTS was and a true and accurate copy of this D DESIGNATION OF
1. E-file system	
2. Placing it in the United States mail, posta following:	age pre-paid and addressed to the
Signature	