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| **JDF 4** | **Transcript Request Form** |
| Colorado Court's logo. |

I would like to order transcripts of the court events listed below per [Chief Justice Directive](https://www.courts.state.co.us/Courts/Supreme_Court/cjds/) 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*.

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

*Additional fee for copies: $1.35 - $1.85/page. 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 +

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| --- | --- | --- | --- | --- |
| Full  Hearing | Hearing  Portion | Event Type (and any portion details) | Hearing  Date | Times |
| *Examples:* | | *(for full) Trial Day 1.*  *(for a portion) Witness [full name]’s cross examination.* | 12/12/2023  06/13/2021 | *8:30 – 4:15*  *9:37 - 20 min.* |
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***+****If an event has already been transcribed, you’ll be charged the 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*