**TRANSCRIPT REQUEST FORM**

*Pursuant to Chief Justice Directive 2005-03 (Amended January 1, 2018)*

This transcript request form must be completed by any person requesting a transcript from any court proceeding whether reported stenographically or by electronic recording means. Upon completion of this Transcript Request Form, please follow established policies and procedures for each judicial district which outline instructions for ordering transcripts, tapes or digital recording disks. This information is available on the Colorado Judicial website at [www.courts.state.co.us](http://www.courts.state.co.us)

Transcript Rates

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordinary Rate (State Paid)**  (within 30 days or per C.A.R. 10) | Original Price ($3.00/page)  Copy to State Agency ($0/page)  Copy to Non-State Agency Party ($.75/page)  Add’l Copy to Non-Party ($.75/page) | **Expedited Rate**  (within 10 days) | Original Price ($3.75/page)  Copy to State Agency ($0/page)  Copy to Non-State Agency Party ($.75/page)  Add’l Copy to Non-Party ($.75/page) |
| **Ordinary Rate (Private Paid)**  (within 11 days and up to 30 days, or as agreed upon by the requesting party and transcriber) | Original Price ($3.00/page)  Copy to State Agency ($.75/page)  Copy to Non-State Agency Party ($.75/page) | **Hourly Rate**  (within 2 hours of adjournment) | Original Price ($6.25/page)  Copy to State-Agency ($1.25/page)  Copy to Non-State Agency Party ($1.25/page)  Add’l Copy to Non-Party ($1.25/page) |
| **Daily Rate**  (following adjournment and prior to normal opening of court the following day) | Original Price ($5.25/page)  Copy to State-Agency ($0/page)  Copy to Non-State Agency Party ($1.00/page)  Add’l Copy to Non-Party ($1.00/page) | **Duplication Fees**  (only if allowed by district) | $35.00/tape or CD |

Transcripts will not be started and the time limits stated for delivery of transcripts will not commence until satisfactory payment arrangements are made for required fees. To avoid any disputes as to dates or payment, a dated receipt for payment shall be provided to requester.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORDERING PARTY INFORMATION** | | | | | | | | | | | | | |
| 1. Full Name (Include Firm Name) | | | | | | 2. Phone Number | | 3. Email Address | | | | | |
| 4. Mailing Address | | | | | | 5. City | | 6. State | | | 7. Zip Code | | |
| **TRANSCRIPT INFORMATION** | | | | | | | | | | | | | |
| 8. Case No. | | 9. Case Caption (i.e. People v. John Doe) | | | | | | 10. County | | | | | |
| 11. Judicial Officer/Division | | 12. Order For ❑Appeal ❑Civil ❑Upcoming Hearing/Trial on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑Non-Appeal ❑Criminal ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 13. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested) | | | | | | | | | | | | | |
| **Portion(s)** | **Date(s)** | | | **Time(s)** | | | **Portion(s)** | | | **Date(s)** | | | **Time(s)** |
| * Entire Proceedings |  | | |  | | | ❑Testimony (Specify Witness) | | |  | | |  |
| * Jury Voir Dire |  | | |  | | |  | | |  | | |  |
| * Opening Statements |  | | |  | | |  | | |  | | |  |
| * Closing Arguments |  | | |  | | | ❑Pre/Post Trial Hearing (Spcy) | | |  | | |  |
| * Jury Instructions |  | | |  | | |  | | |  | | |  |
| * Judge's Ruling |  | | |  | | |  | | |  | | |  |
| **ORDERING INFORMATION** | | | | | | | | | | | | | |
| 14. Date of Request/Date Transcript Needed | | | | | 15. Rate Category: ❑Ordinary (State Pd.) ❑Expedited ❑Hourly  ❑Ordinary (Private Pd.) ❑Daily | | | | | | | | |
| 16. Orig. + Copies (Spcy #)  \_\_\_\_\_+\_\_\_\_\_\_ =\_\_\_\_\_\_ | | | | | 17. Certification (By signing below, I certify that I will pay all charges.)  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **FOR COURT USE ONLY (ERO = Electronic Records Operator)** | | | | | | | | | | | | | |
| Date of Request | | | Transcript To Be Prepared By (Name of Court Rpt/ERO) | | | | | | Date Court Rptr/ERO Contacted | | | | |
| Notice of **Estimate** to Ordering Party  Date\_\_\_\_\_\_\_\_\_\_# of pages\_\_\_\_\_ | | | Date of Deposit/Satisfactory Payment Arrangements | | | | | | Deposit Paid  $\_\_\_\_\_\_\_\_\_ | | | Bal Pd/Refund  $\_\_\_\_\_\_\_\_\_\_ | |
| Date Transcript Mailed/Delivered | | | I certify that the preparation of this transcript is in compliance with the fee & format  prescribed by CJD 05-03.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reporter/ERO Signature Date | | | | | | | | | | |

JDF 4 R7/19 TRANSCRIPT REQUEST FORM