	County	District Court			
City:	State:	Zip:	▲ FOR COU	RT USE 🗚	
Plaintiff-Appellee: The I	People of the State of Colo	orado			
v.			District Court Ca	ise	
Defendant-Appellant:			Number: Division: Courtroom: Court of Appeals Case Number:		
Filing Party Name:					
Prisoner ID Number:					
Facility & Unit:					
Street Address:					
City:	State:	Zip:			
	Motion for State I	Paid Transcri	pts		
1. I would like the stat	te to pay for my transcript	s. Those are:			
(Examples: Mo	Type of Event tions Hearing, Trial Day 1, Stat	us Conference)	Date	Start Time	
1)					
2)					
3)					
2. I cannot afford to pay for the transcripts.					
3. I need these transcripts for the appeal because:					
4. I certify that on (enter date), I					
	mailed hand deliver				
a copy of this docu	· —	Ш г			
Colorado	Attorney General				
1300 Broadway, 10 th Floor					
Denver, (CO 80203.				
5. Respectfully submit	eted on (dated)		, by		
Print Name:	S:	ignature:			

	County District (Court		
City:	State: Zip:			
		FOR COURT USE A		
Plaintiff-Appellee: The	People of the State of Colorado			
v.		District Court Case		
Defendant-Appellant: _		Number:		
		Division:		
		Courtroom:		
(Order re Motion for State Paic	1 Transcripts		
The Court has reviewed the Motion for State Paid Transcripts and finds and orders that:				
The request is denie expense.	ed. The Defendant is not indigent and	is not entitled to transcripts at state		
The request is denie appeal.	ed. The transcripts are not needed for	the Court of Appeals to resolve the		
-	ed. The Defendant is indigent and the ne transcripts listed in the Designation	e transcripts are needed for the appeal. of Transcripts.		
☐ In addition, the Cou	art finds and orders that:			
Dated:				
☐ Judge ☐ Magistrate				