	County Dist	erict/Probate Court	
Street Address:			
City:	State:	Zip:	▲ FOR COURT USE ▲
In the interest/estate of:			
Protected Party:			District/Probate Court Case
			Number:
Filing Party Name:			Division:
Street Address:			Courtroom:
City:	State:	Zip:	
Phone:			Court of Appeals' Case
Email:			Number:
	Designation	n of Transcrip	its

I would like the following transcripts included in the Record on Appeal:

(For an event that lasted more than one day, please list each day separately.)

	Type of Event (Examples: Motions Hearing, Trial Day 1, Status Conference)	Date	Start Time	Court Reporter Name (If Any)
1)				10 02
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				

I will submit a <u>Transcript Request Form</u> to the District Court along with this Designation. 2.

	•	I will have to pay for each transcript I list.					
	• I will NOT attach any transcripts to this document.						
	• This document just lists the transcripts to be included in the appeal.						
• The transcriptionist will send the transcripts to the District Court.							
	•	The transcripts are sent when they are completed and	only if I	fully pay for them.			
4.	I certify	that on (date)		_, I (check one)			
		mailed hand delivered	d				
	a copy o	f this document to:					
	1)	Colorado Court of Appeals					
		2 East 14 th Avenue					
		Denver, CO 80203					
	2)	Name:					
		Address:					
		City:	State:	Zip:			
	3)	Name:					
		Address:					
		City:					
5.	Respects	ully submitted on <i>(dated)</i>		_, by			
	1	Print Name:					
		Signature:					

I Understand that:

3.