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| **Court** [ ]  District [ ]  JuvenileColorado County: Court Address:  | Court Use Only |
| Petitioner | Plaintiff: &Respondent | Defendant: *(or Co-petitioner)* |
| **Filed by:**Name: Address: Phone Fax: Email: Bar Number: *(For lawyers)* | CaseNumber: Division: Courtroom: Appeal Number:  |
| **Designation of Transcripts** |

1. 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, Conference) | Date | Start Time | Court ReporterName *(If Any)* |
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1. I will submit a [Transcript Request Form](https://www.courts.state.co.us/Forms/PDF/JDF4.pdf) to the District Court along with this Designation.
2. **I Understand:**
	* 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.
3. I certify that on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I *(check one)*

[ ]  mailed | [ ]  hand delivered

a copy of this document to:

1. Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

1. Respectfully submitted on *(dated)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_