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| --- | --- |
| Combined Court Jefferson County, Colorado**COURT USE ONLY**100 Jefferson County Parkway, Golden, CO 80401Plaintiff(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_v. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Defendant(s)Attorney or Party Without Attorney (Name and Address)Phone Number: Email:Fax Number: Atty. Reg. # | Case Number:Division: Courtroom: |
| **DESIGNATION OF RECORD ON APPEAL****County Court to District Court** |

The Clerk will prepare for the District Court a record on appeal which shall include the following:

**[ ]** All original pleadings and orders on file in the trial court.

**[ ]** Exhibits

**[ ]** Jury:

**[ ]** Jury instructions

**[ ]** Jury questions

**[ ]**  Jury verdicts

**[ ]**  Bailiff Report

**[ ]**  Reporter’s original transcript: (identify proceedings below) *Persons ordering transcripts will be contacted directly by the court reporter/transcriber concerning payment of the appropriate fees*.

Date of Hearing: Hearing Type:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

**[ ]** By checking this box, I am acknowledging that I have made a change to the original content of this form.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Appellant(s) or Attorney for Appellant(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address of Appellant(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number(s) of Appellant(s)

Appeal bond in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_filed.