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| **JDF 4** | **Transcript Request Form** |
|  |

I would like to order transcripts of the court events listed below per Chief Justice Directive 05-03.

# My Information

Name:

Law Firm/Agency: *(if any)*

If checked, this is a state agency under CJD 05-03(VI)(C)(1).

Full Mailing Address: Phone: Email

# Case Information

Case Number: County: Case Title: *(caption; i.e People v Doe)* Division/Courtroom: Judicial Officer:

# Type and Cost

A transcriptionist will contact you to arrange payment before a transcript is *started*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** *(check one)* | | **Max Cost** | **Time from Start / Notes** |
|  | Ordinary | $3.60 /page | 30 Days |
|  | Expedited | $4.35 /page | 10 Days |
|  | Audio Recording *(CD/MP4)* | $35 | For Small Claims Appeals. **\*** |
| Attach a Court Order to request the following types: *CJD 05-03(V)(B)*. | | | |
|  | Overnight *(a.k.a. daily)* | $5.85 /page | Next day, by court opening. |
|  | Hourly | $6.85 /page | 2 hours of adjournment. |

*See CJD 05-03 Appendix A for a full list of prices.*

Is this request for an appeal? No. Yes.

**\* Note**

On appeal, an audio recording can only work in place of a written transcript for ***Small Claims*** *cases*. C.R.S. § 13-6-410.

Check with the district for its policy on ordering audio recordings of public hearings for unofficial use. CJD 05-03(V)(D)(2).

# Court Events to be Transcribed +

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Hearing | Hearing Portion | Event Type (and any portion details) | Hearing Date | Times |
| *Examples:* | | *(for full) Trial Day 1.*  *(for a portion) Witness [full name]’s cross examination.* | 12/12/2023  06/13/2021 | *8:30 – 4:15*  *9:37 - 20 min.* |
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***+*** *If an event has already been transcribed, you’ll be charged a reduced copy rate ($1.35 - $1.85/page).*

# Sign & Date

By signing below I, certify that I, or my firm/agency, will pay the full cost of the transcript.

Signature Date

**Admin Use Only:**

Date of Request:

Reporter/ERO Name: Date Contacted: Estimate: Date Number of Pages:

Deposit: Date Amount Paid: $ Balance/Refund Paid: $ Payment Arrangements: Transcript sent on:

I Certify that the preparation of this transcript follows the fee and format prescribed in CJD 05-03.

Reporter/ERO Signature: Date:

*ERO = Electronic Records Operator*