

JDF 4



Court Reporter Transcript Request Form

Email requests to 02courtreporter@judicial.state.co.us

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

1. 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 _____

2. Case Information

Case Number: _____ County: _____

Case Title: (caption; i.e People v Doe) _____

Division/Courtroom: _____ Judicial Officer: _____

3. Type and Cost

For non-state agencies, a court reporter will contact you to arrange payment before a transcript is started. Email requests to 02courtreporter@judicial.state.co.us

Type (check one)	Max Cost	Time from Start / Notes
<input type="checkbox"/> Ordinary	\$3.60 /page	30 Days
<input type="checkbox"/> Expedited	\$4.35 /page	10 Days
<input type="checkbox"/>		
Attach a Court Order to request the following types: CJD 05-03(V)(B).		
<input type="checkbox"/> Overnight (a.k.a. daily)	\$5.85 /page	Next day, by court opening.
<input type="checkbox"/> 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.

4. Court Events to be Produced +

Full Hearing	Hearing Portion	Event Type (and any portion details)	Hearing Date	Times
<i>Examples:</i>		<i>(for full) Trial Day 1.</i>	12/12/2023	8:30 – 4:15
		<i>(for a portion) Witness [full name]'s cross examination.</i>	06/13/2021	9:37 - 20 min.
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

** If an event has already been transcribed, you'll be charged a reduced copy rate (\$1.35 - \$1.85/page).*

5. 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