

# TRANSCRIPT REQUEST FORM

*Pursuant to Chief Justice Directive 2005-03 (Amended July 1, 2015)*

This transcript request form must be completed by any person requesting a transcript from any court proceeding whether reported stenographically or by electronic recording means. Upon completion of this Transcript Request Form, please follow established policies and procedures for each judicial district which outline instructions for ordering transcripts, tapes or digital recording disks. This information is available on the Colorado Judicial website at [www.courts.state.co.us](http://www.courts.state.co.us)

## Transcript Rates

DATE FILED: March 6, 2019

**Ordinary Rate (State Paid)**  
(within 30 days or per C.A.R. 11(a)&(d))

Original Price (\$3.00/page)  
Copy to State Agency (\$0/page)  
Copy to Non-State Agency Party (\$.75/page)  
Add'l Copy to Non-Party (\$.75/page)

**Expedited Rate**  
(within 10 days)

Original Price (\$3.75/page)  
Copy to State Agency (\$0/page)  
Copy to Non-State Agency Party (\$.75/page)  
Add'l Copy to Non-Party (\$.75/page)

**Ordinary Rate (Private Paid)**  
(within 11 days and up to 30 days, or as agreed upon by the requesting party and transcriber)

Original Price (\$3.00/page)  
Copy to State Agency (\$.75/page)  
Copy to Non-State Agency Party (\$.75/page)

**Hourly Rate**  
(within 2 hours of adjournment)

Original Price (\$6.25/page)  
Copy to State-Agency (\$1.25/page)  
Copy to Non-State Agency Party (\$1.25/page)  
Add'l Copy to Non-Party (\$1.25/page)

**Daily Rate**  
(following adjournment and prior to normal opening of court the following day)

Original Price (\$5.25/page)  
Copy to State-Agency (\$0/page)  
Copy to Non-State Agency Party (\$1.00/page)  
Add'l Copy to Non-Party (\$1.00/page)

**Duplication Fees**  
(only if allowed by district)

\$35.00/tape or CD

Transcripts will not be started and the time limits stated for delivery of transcripts will not commence until satisfactory payment arrangements are made for required fees. To avoid any disputes as to dates or payment, a dated receipt for payment shall be provided to requester.

### ORDERING PARTY INFORMATION

1. Full Name (Include Firm Name) Danielle Arman		2. Phone Number 212-975-7328	3. Email Address armand@cbsnews.com	
4. Mailing Address 518 W. 57th St.		5. City New York	6. State NY	7. Zip Code 10019

### TRANSCRIPT INFORMATION

8. Case No. D0602018CR000330	9. Case Caption (i.e. People v. John Doe) The People of the State of Colorado vs. Patrick Frazee	10. County Teller
11. Judicial Officer/Division 11	12. Order For <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Other	

13. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested)					
Portion(s)	Date(s)	Time(s)	Portion(s)	Date(s)	Time(s)
<input checked="" type="checkbox"/> Entire Proceedings	02/19/19	8:30 am	<input type="checkbox"/> Testimony (Specify Witness)		
<input type="checkbox"/> Jury Voir Dire					
<input type="checkbox"/> Opening Statements					
<input type="checkbox"/> Closing Arguments			<input type="checkbox"/> Pre/Post Trial Hearing (Spicy)		
<input type="checkbox"/> Jury Instructions					
<input type="checkbox"/> Judge's Ruling					

### ORDERING INFORMATION

14. Date of Request/Date Transcript Needed 03/06/2019 /// 03/08/19	15. Rate Category: <input type="checkbox"/> Ordinary (State Pd.) <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Hourly <input type="checkbox"/> Ordinary (Private Pd.) <input type="checkbox"/> Daily
16. Orig. + Copies (Spicy #) 1 + 0 = 1	17. Certification (By signing below, I certify that I will pay all charges.) Signature: Danielle Arman      Date: 03/06/19

### FOR COURT USE ONLY (ERO = Electronic Records Operator)

Date of Request	Transcript To Be Prepared By (Name of Court Rpt/ERO)	Date Court Rptr/ERO Contacted	
Notice of Estimate to Ordering Party Date _____ # of pages _____	Date of Deposit/Satisfactory Payment Arrangements	Deposit Paid \$ _____	Bal Pd/Refund \$ _____
Date Transcript Mailed/Delivered	I certify that the preparation of this transcript is in compliance with the fee & format prescribed by CJD 05-03. Reporter/ERO Signature _____ Date _____		