

**TRANSCRIPT REQUEST FORM**

PUBLIC ACCESS

**Public Defender's Office**

*Pursuant to Chief Justice Directive 2005-03 (amended July 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 Branch website at [www.courts.state.co.us](http://www.courts.state.co.us)

DATE FILED: December 13, 2018 4:04 PM

FILING ID: 4C4807FICFEB0

NUMBER: 2017CR343

**State-Paid Transcript Rates**

**Ordinary Rate**

Original Price/page \$3.00  
Copy to Party Price/page \$0.00  
Add'l Copy to Non-Party Price/page \$0.75

**Expedited Rate**  
(within 10 days)

Original Price/page \$3.75  
Copy to Party Price/page \$0.00  
Add'l Copy to Non-Party Price/page \$0.75

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

Original Price/page \$6.25  
Copy to Party price/page \$1.25  
Add'l Copy to Non-Party  
Price/page \$1.25

**Daily Rate**  
(following adjournment & prior  
to normal opening hour of  
court the following morning)

Original Price per page \$5.25  
Copy to party Price per page \$1.00  
Add'l Copy to Non-Party Price/page \$1.00

**ORDERING PARTY INFORMATION**

1. Full Name Justin Bogan - Durango Public Defender		2. Phone Number 970-247-9284	3. Email Address Tuesday.Puls@coloradodefender	
4. Mailing Address 175 Mercado St. Ste. 250		5. City Durango	6. State CO	7. Zip Code 81301

**TRANSCRIPT INFORMATION**

8. Case No. 17CR343	9. Case Caption (i.e. People v. John Doe) Mark Redwine	10. County La Plata	Hearing Held in: District Ct <input checked="" type="checkbox"/> County Ct <input type="checkbox"/>	
11. Judicial Officer/Division Judge Wilson	12. Transcript Type: <input type="checkbox"/> Appeal - 50 <input checked="" type="checkbox"/> Motions - 51 <input type="checkbox"/> PH - 54 <input type="checkbox"/> Other - 56			
13. Transcript Requested [Specify portion(s) and date(s) of proceeding(s) requested]				
Portion(s)	Portion(s)	Date(s)/Time(s)	Court Reporter(s)	
<input type="checkbox"/> Entire Proceedings	<input type="checkbox"/> Testimony-Specify Witness:	12/06/18		
<input type="checkbox"/> Jury Voir Dire		12/07/18		
<input type="checkbox"/> Opening Statements	<input type="checkbox"/> Pre/Post Trial Hrg-Specify:			
<input type="checkbox"/> Closing Arguments				
<input type="checkbox"/> Jury Instructions				
<input type="checkbox"/> Judge's Ruling	<input checked="" type="checkbox"/> Other: Dog & Innocence	argument & 404b argument		

**ORDERING INFORMATION**

14. Date of Request 12/06/18	15. Rate Category: <input type="checkbox"/> Ordinary (State Pd.) <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Hourly <input type="checkbox"/> Daily Date Needed: 12/14/18
16. Orig. + Copies (SpCY #) 1+0=1	17. Certification (By signing below, I certify our office will pay all charges.)  (Signature) <u>/s/ Justin Bogan</u> (Date) <u>12/13/18</u>

**FOR COURT USE ONLY**

Date of Request	Transcript To Be Prepared By (Name of Court Rpt/ERO) Erin Grigsby	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 _____		

**For Payment:** Complete information below, attach invoice with invoice #, and submit to requesting PD Office.  
Court Reporter Tax ID: \_\_\_\_\_ New Address? Yes / No

**TO BE COMPLETED BY REGIONAL PD OFFICE**

Payment approved by: \_\_\_\_\_ Date: \_\_\_\_\_