

TRANSCRIPT REQUEST FORM
Pursuant to Chief Justice Directive 2005-03 (amended July 2015)

PUBLIC ACCESS

This transcript request form must be completed by any person requesting a transcript form and 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 District website at www.courts.state.co.us

FILED: May 19 2019
 FILING ID: 974E3A51F148A
 CASE NUMBER: 2017CR343

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|---|--|--|---|
| Ordinary Rate (State Paid) (within 30 days or per C.A.R. 11(a)&(d)) | 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 2hrs 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/Page \$5.25 Copy to Party Price/Page \$1.00 Add'l Copy to Non-Party Price/Page \$1.00 |

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 requestor.

| ORDERING PARTY INFORMATION | | | | | |
|--|-----------|--|---|---|-------------------------------|
| 1. Full Name: (Include Firm Name) John Moran Colorado Public Defender | | 2. Phone Number: 970-247-9284 | | 3. Email Address: Tuesdav.Puls@coloradodefenders.us john.moran@coloradodefenders.us | |
| 4. Mailing Address: 175 Mercado St. Suite 250 | | 5. City: Durango | | 6. State: CO | 7. Zip Code: 81301 |
| TRANSCRIPT INFORMATION | | | | | |
| 8. Case Number: 17CR343 | | 9. Case Caption: (i.e. People v. John Doe) P. v. Mark Redwine | | | 10. County: La Plata |
| 11. Judicial Officer/Division: 1 / Wilson | | 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 Portions and Dates of proceedings requested) | | | | | |
| Portion(s) | Date(s) | Time(s) | Portion(s) | Date(s) | Time(s) |
| <input checked="" type="checkbox"/> Entire Proceedings | 4.25.2019 | 1pm | <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 (Specy) | | |
| <input type="checkbox"/> Jury Instructions | | | | | |
| <input type="checkbox"/> Judge's Ruling | | | | | |
| ORDERING INFORMATION | | | | | |
| 13. Date of Request: 5.29.19 Date Needed: 5.31.19 | | 14. Rate Category: <input type="checkbox"/> Ordinary (State PD) <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> | | | |
| 15. Original + Copies (specify #) 1+0=1 | | 16. Certification (By signing below, I certify that I will pay all charges) Signature: <u>/s/ John Moran</u> Date: 5.29.19 | | | |
| CHOOSE TRANSCRIPTION COMPANY | | | | | |
| <input type="checkbox"/> Agren Blando Court Reporting & Video, Inc | | <input checked="" type="checkbox"/> Grigsby Court Reporting, Inc | | <input type="checkbox"/> Moreash Court Reporting, LLC <input type="checkbox"/> RB Business Services | |
| FOR COURT USE ONLY | | | | | |
| Date of Request: | | CD for Transcription Prepared by (CJA) | | Date CD Mailed to Transcriptionist | |
| Notice of Estimate to Ordering Party Date: _____ # of Pages _____ | | Date of Deposit/Satisfactory Payment Arrangements | | Deposit Paid \$ _____ | Bal Paid/Refunded \$ _____ |
| 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 _____ | |