

JDF 4



Transcript Request Form

I would like to order transcripts of the court events listed below per [Chief Justice Directive](#) 05-03. Transcript request forms for the 8th Judicial District may be submitted to Judicial Administration via email to 08transcripts@judicial.state.co.us, in person or by mail at 201 LaPorte Ave, Fort Collins, CO 80521, or via fax at 970-494-3599.

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

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

| 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"/> Audio Recording (CD/MP4) | \$35 | For Small Claims Appeals. * |
| 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.

*** 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).

4. Court Events to be Transcribed +

| 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"/> | | | |

** 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