TRANSCRIPT REQUEST FORM

Pursuant to Chief Justice Directive 2005-03

Please send transcript requests to: 10CourtReporter@Judicial.state.co.us

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

Transcript Rates

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)		

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)	2. Phone Number	2. Email Address	
3. Mailing Address	4. City	5. State	6. Zip Code

TRANSCRIPT INFORMATION

7. Case No.	8. Case Caption (i.e. People v. John Doe)	9. County
10. Judicial Officer/Divisio	12. Order For ❑Appeal ❑Civil ❑Upcoming Hearing/Trial on _____ ❑Non-Appeal ❑Criminal ❑Other _____	

12. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested)

Portion(s)	Date(s)	Time(s)	Portion(s)	Date(s)	Time(s)
❑ Entire Proceedings			❑Testimony (Specify Witness)		
❑ Jury Voir Dire					
❑ Opening Statements					
❑ Closing Arguments			❑Pre/Post Trial Hearing (Spcy)		
❑ Jury Instructions					
❑ Judge's Ruling					

ORDERING INFORMATION

13. Date of Request/Date Transcript Needed	14. Rate Category: ❑ Ordinary (State Pd.) ❑Expedited ❑Ordinary (Private Pd.)
15. Orig. + Copies (Spcy #) _____+_____ =_____	16. Certification (By signing below, I certify that I will pay all charges.) Signature:_____ Date:__ _____

FOR COURT USE ONLY

Date of Request	Transcript To Be Prepared By	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		