

TRANSCRIPT REQUEST FORM

Pursuant to Chief Justice Directive 2005-03

Please send this completed form 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)

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 & 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)

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		3. Email Address	
4. Mailing Address			5. City		6. State
7. Zip Code					

TRANSCRIPT INFORMATION

8. Case No.		9. Case Caption (i.e. People v. John Doe)		10. County	
11. Judicial Officer/Division		12. Order For <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input type="checkbox"/> Criminal <input type="checkbox"/> 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)
<input type="checkbox"/> Entire Proceedings			<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 (Spcy)		
<input type="checkbox"/> Jury Instructions					
<input type="checkbox"/> Judge's Ruling					

ORDERING INFORMATION

13. Date of Request/Date Transcript Needed		14. Rate Category: <input type="checkbox"/> Ordinary (State Pd.) <input type="checkbox"/> Expedited <input type="checkbox"/> Hourly <input type="checkbox"/> Ordinary (Private Pd.) <input type="checkbox"/> Daily			
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 (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 _____			