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| Colorado Court of Appeals2 East 14th AvenueDenver, CO 80203Appeal from: Insert County District/Probate CourtDistrict Court Judge: The Hon. Judge’s NameDistrict Court Case Number: Insert case NumberIn the Interest/Estate of:Protected Party: Enter Name(s),And concerning:Appellant(s): Enter Name(s),&Appellee(s): Enter Name(s)Filing Party: Your NameAddress: Street AddressCity, State Zip Code Phone: Phone With Area Code.E-Mail: E-Mail address | ⮙ FOR COURT USE ⮙\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Court of Appeals’ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Designation of Record** |

I respectfully request the clerk of the District Court to prepare and send the Record on Appeal. Please follow Colorado Appellate Rules (C.A.R.) 10 and 11. I understand that in addition to completing this Designation of Record, I need to contact the district court’s clerk’s office and follow their instructions on what I need to do to have the record sent to the appellate court.

**Documents to Send**

Please send my entire case file to the Court of Appeals. Please include:

1. All documents filed in the case, including attachments.

2. All exhibits admitted at any hearing or trial.

3. All orders the district court made, including minute orders.

4. If a trial was held, all jury instructions, verdict forms, and answers to any special interrogatories.

**Transcripts**

 1. Transcripts Needed: (Check either Option 1 or Option 2)

[ ]  A transcript is not needed to review the issues on appeal.

OR

[ ]  A transcript of the following hearings or trial is necessary to review the issues on appeal. I will contact the court reporters and/or the appeals clerk to order and pay for the transcripts listed below. Please send these to the Court of Appeals as part of the Record on Appeal.

(For an event that lasted more than one day, please list each day separately.)

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| Event | Date & Start Time | Reporter Name Write *digital* if it was machine recorded. |
| Enter what type of event was held in court. Examples are: hearing, trial, or conference | Enter Date and Start Time | Enter Name |
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Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your Name

Certificate of Service

I certify that on Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ I filed this Designation of Record with the Court of Appeals. I sent a copy, along with any attachments, to the people listed below: (Every party in the case should be sent a copy. If a party has a lawyer, send the copy to the lawyer.)

Name of Party Served: Enter Name

Sent by (Check One): [ ] U.S. Mail; OR [ ]  In-Person Hand Delivery

Address: Street Address

City, State. Zip Code

Enter the names of any other parties here, how you sent them a copy, and their address.

And filed with the:

Insert County District/Probate Court

Address: Enter Street Address

City, State. Zip Code

And a copy was sent to any court reporters listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your Name