

<p style="text-align: right;">_____ County District Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>Plaintiff-Appellee: The People of the State of Colorado</p> <p>v.</p> <p>Defendant-Appellant: _____</p> <hr/> <p>Filing Party Name: _____</p> <p>Prisoner ID Number: _____</p> <p>Facility & Unit: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>District Court Case Number: _____</p> <p style="padding-left: 40px;">Division: _____</p> <p style="padding-left: 40px;">Courtroom: _____</p> <p>Court of Appeals' Case Number: _____</p>
Designation of Transcripts	

1. I would like the following transcripts included in the Record on Appeal:

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

Type of Event (Examples: Motions Hearing, Trial Day 1, Status Conference)	Date	Start Time
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		

2. I will submit a [Transcript Request Form](#) to the District Court.

3. I understand that I will have to pay for each transcript I list.
4. If checked, I will be requesting that the state pay for the transcripts.
- I will, or already have, filed a [Motion for State Paid Transcripts](#) with the District Court.
5. I certify that on *(enter date)* _____, I *(check one)*

mailed | hand delivered | placed into prison mailing

a copy of this document to the:

Colorado Attorney General
1300 Broadway, 10th Floor
Denver, Colorado 80203.

AND

Colorado Court of Appeals
2 East 14th Avenue
Denver, CO 80203.

6. Respectfully submitted on *(dated)* _____, by

Print Name: _____ Signature: _____