

Colorado Court of Appeals 2 East 14 <sup>th</sup> Avenue Denver, CO 80203	
_____ County District Court District Court Case Number: _____	
Plaintiff/Petitioner: _____, <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee & Defendant/Respondent: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee	▲ FOR COURT USE ▲ _____
Filing Party Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____
<b>Motion to Complete or Supplement the Record</b>	

1. I would like these documents added to the Record on Appeal:

(Be specific. For an exhibit, state the exhibit number and the date it was submitted. For a case filing, state the title of the document and the date it was filed.)

2. I would like these transcripts added to the Record on Appeal.

Type of Event (Examples: Motions Hearing, Trial Day 1, Status Conference)	Date and Start Time	Requested and purchased? (yes or no)
1)		
2)		
3)		

3. These items are necessary to decide the appeal because:

4. I certify that on (date) \_\_\_\_\_,

I {  mailed }, or {  hand delivered }

a copy of this document to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Respectfully submitted on (dated) \_\_\_\_\_, by

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_