## **RULE CHANGE 2024(04)**

# COLORADO RULES OF CIVIL PROCEDURE Chapter 25 Colorado Rules of County Court Civil Procedure

Forms 4 and 5

Court Address:			
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Plaintiff(s):			
V.			
Defendant(s):		, c	OURT USE ONLY
Attorney or Party Without A	ttorney (Name and Address):	Case Numb	per:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division	Courtroom
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County CourtCourt Address:  Plaintiff/Petitioner(s):	County, Colorado	
v. Defendant/Respondent(s)	<del>)</del> :	▲ COURT USE ONLY ▲
Attorney or Filing Party W	fithout Attorney (Name and Address):	Case Number:
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	Division Courtroom  Court of Appeal's Case  Number:
DES	IGNATION OF RECORD ON APPE	EAL 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.)

<u>Type of Event</u> (Examples: Motions Hearing, Trial Day 1, Conference)	<u>Date</u>	Start Time	Court Reporter Name (If Any)
1)			
2)			
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<u>6)</u>			
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9)			

2. I will submit a Transcript Request Form to the District Court along with this Designation.

### 3. I Understand:

- I will have to pay for each transcript I list.
- I will **NOT** attach any transcripts to this document.
- This document just lists the transcripts to be included in the appeal.

- The transcriptionist will send the transcripts to the District Court.
- The transcripts are sent when they are completed and only if I fully pay for them.

### **CERTIFICATE OF MAILING**

I certify that a true copy of the Designation of Trans		
	<u>(opposing party(ies) or</u>	
	(address), on	<u>(date).</u>
	Appellant(s) or Attorney for	or Appellant(s)
The clerk will prepare for the District Court a record on appeal which	ch shall include the following:	
1. All original process and pleadings on file in the trial court.		
2. All exhibits.		
3. Jury instructions.		
4. Judgments and orders of the Court.		
5. Reporter's original transcript - excluding transcript of jury \	oir dire, opening statements, and	d closing
summation, but including all evidence.		
By checking this box, I am acknowledging I am filling in the bla	nks and not changing anything e	l <del>se on the form.</del>
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Requested this day of , 20 .		
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	Appellant(s) or Attorney for Appel	<del>lant(s)</del>
Amount deposited \$ for record.		
Appeal bond in the amount of \$ filed.		

☐ County Court			Co	ounty,	Colorad	О									
Court Address:															
Plaintiff(s):															
V.															
Defendant(a)															
Defendant(s):							▲ COURT USE ONLY								
Attorney or Party Without	Attorney (Na	me and	Addres	ss):		Ca	Case Number:								
Phone Number:	Е	-mail:													
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Please take notice that this is	s an appeal.														
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The appeal will be docketed	in the Distric	t Court	pursuar	nt to F	Rule 411,	Rules o	f County (	Court Ci	vil Proced	ure.					
<b>-</b>															
Done this day of			_, 20	<u> </u>											
Signature(s) of Appellant(s)				Sign	ature of A	Attorney	for Appell	lant(s), i	f applicab	le					
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I certify that a true	copy of	the	Notice	of	Appeal	was	mailed,	posta	ge prep	aid,	to				
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						Appe	llant(s) or	Attorne	y for Appe	ellant	<u>(s)</u>				

Court Address:	
Plaintiff/Petitioner:	
V.	
Defendant/Respondent: COURT USE ONLY	•
Attorney or Filing Party Without Attorney (Name and Address): Case Number:	
Division Courtroom	
Phone Number: E-mail: Court of Appeal's Case	
FAX Number: Atty. Reg. #: Number:	
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### CERTIFICATE OF MAILING

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_											(op	posing	g party(	ies)	or	attorney),	at
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Amended and Adopted by the Court, En Banc, January 11, 2024, effective immediately.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court