

RULE CHANGE 2024(04)

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

Forms 4 and 5

<input type="checkbox"/> County Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff(s): _____ v. Defendant(s): _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF APPEAL	

To: The County Court in and for the County of _____, State of Colorado and the above named _____.

Please take notice that ~~the undersigned will file~~ [this is](#) an appeal.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

~~Said~~[The](#) appeal will be docketed in the District Court pursuant to Rule 411, Rules of County Court Civil Procedure.

Done this _____ day of _____, 20 _____.

 Signature(s) of Appellant(s)

 Signature of Attorney for Appellant(s), if applicable

 Name, Address(es) of Appellant(s)

 Telephone Number(s) of Appellant(s)

CERTIFICATE OF MAILING

I certify that a true copy of the Notice of Appeal ~~and the Designation of Record on Appeal~~ was mailed, postage prepaid, to _____ (opposing party(ies) or attorney), at _____ (address), on _____ (date).

 Appellant(s) or Attorney for Appellant(s)

County Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff/ Petitioner(s) : v. Defendant/ Respondent(s) :	▲ COURT USE ONLY ▲
Attorney or Filing Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____ Court of Appeal's Case Number: _____
DESIGNATION OF RECORD ON APPEAL 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 <small>(Examples: Motions Hearing, Trial Day 1, Conference)</small>	Date	Start Time	Court Reporter Name (If Any)
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
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 Transcripts was mailed, postage prepaid, to _____ (opposing party(ies) or attorney), at _____ (address), on _____ (date).

Appellant(s) or Attorney for Appellant(s)

The clerk will prepare for the District Court a record on appeal which 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 voir dire, opening statements, and closing summation, but including all evidence.~~

- ~~By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.~~
- ~~By checking this box, I am acknowledging that I have made a change to the original content of this form.~~

~~Please prepare and certify with all convenient speed.~~

~~Requested this _____ day of _____, 20 ____.~~

Appellant(s) or Attorney for Appellant(s)

~~Amount deposited \$ _____ for record.~~

~~Appeal bond in the amount of \$ _____ filed.~~

<input type="checkbox"/> County Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff(s): v. Defendant(s):	COURT USE ONLY ▲ ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF APPEAL	

To: The County Court in and for the County of _____, State of Colorado and the above named _____.

Please take notice that this is an appeal.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

The appeal will be docketed in the District Court pursuant to Rule 411, Rules of County Court Civil Procedure.

Done this _____ day of _____, 20 _____.

Signature(s) of Appellant(s)

Signature of Attorney for Appellant(s), if applicable

Name, Address(es) of Appellant(s)

Telephone Number(s) of Appellant(s)

CERTIFICATE OF MAILING

I certify that a true copy of the Notice of Appeal was mailed, postage prepaid, to _____ (opposing party(ies) or attorney), at _____ (address), on _____ (date).

Appellant(s) or Attorney for Appellant(s)

County Court _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: v. Defendant/Respondent:	▲ COURT USE ONLY ▲
Attorney or Filing Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____ Court of Appeal's Case Number: _____
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2)			
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5)			
6)			
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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.
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CERTIFICATE OF MAILING

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Appellant(s) or Attorney for Appellant(s)

Amended and Adopted by the Court, En Banc, January 11, 2024, effective immediately.

By the Court:

**Richard L. Gabriel
Justice, Colorado Supreme Court**