

Court <input type="checkbox"/> District <input type="checkbox"/> Juvenile Colorado County: _____ Court Address: _____	↑ Court Use Only ↑
Petitioner Plaintiff: _____ & Respondent Defendant: _____ <i>(or Co-petitioner)</i>	
Filed by: Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <i>(For lawyers)</i>	Case Number: _____ Division: _____ Courtroom: _____ Appeal Number: _____
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, Conference)	Date	Start Time	Court Reporter Name <i>(If Any)</i>
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.

4. I certify that on (date) _____, I (*check one*)

mailed | hand delivered

a copy of this document to:

1) Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Print Name: _____

Signature: _____