

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203	▲ FOR COURT USE ▲
Plaintiff Petitioner: _____, <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee & Defendant Respondent: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee	
My Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____ District Court Case Number: _____ County: _____
<h2>Motion to Add to the Record on Appeal</h2>	

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

Name: _____ Signature: _____