

District Court Colorado County: _____ Court Address: _____	<i>This box for court use only.</i>
Parties: Plaintiff-Appellee: The People of the State of Colorado v. Defendant-Appellant: _____	
Filed by: Name: _____ Prisoner ID Number: _____ Facility & Unit: _____ Full Address: _____	District Court Case Number: _____ Division: _____ Courtroom: _____ Court of Appeals Case Number: _____
Designation of Transcripts (for Felony Criminal Appeals)	

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, Status Conference)	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.

3. I understand that I will have to pay for each transcript I list.

4. If checked, I will be requesting that the state pay for the transcripts.
- I will, or already have, filed a [Motion for State Paid Transcripts](#) with the District Court.
5. I certify that on *(enter date)* _____, I *(check one)*

mailed | hand delivered | placed into prison mailing

a copy of this document to the:

Colorado Attorney General
1300 Broadway, 10th Floor
Denver, Colorado 80203.

AND

Colorado Court of Appeals
2 East 14th Avenue
Denver, CO 80203.

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

Print Name: _____ Signature: _____