

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203	
_____ County District Court District Court Case Number: _____	
Plaintiff-Appellee: The People of the State of Colorado v. Defendant-Appellant: _____	▲ FOR COURT USE ▲
Filing Party Name: _____ Prisoner ID Number: _____ Facility & Unit: _____ Street Address: _____ City: _____ State: _____ Zip: _____	Court of Appeals Case Number: _____
Motion to Complete or Supplement the Record	

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 *(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.

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

Print Name: _____ Signature: _____