

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203 <hr/> _____ County District/Probate Court District/Probate Court Case Number: _____ <hr/> In the interest/estate of Protected Party: _____, And concerning Appellant(s): _____ <hr/> & Appellee(s): _____ <hr/> Filing Party Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p style="text-align: center;">Court of Appeals Case Number: _____</p>
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 (date) _____,

I { mailed }, or { hand delivered }

a copy of this document to:

1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Respectfully submitted on (dated) _____, by

Print Name: _____ Signature: _____