

_____ County District Court Street Address: _____ City: _____ State: _____ Zip: _____	▲ FOR COURT USE ▲ _____ District Court Case Number: _____ Division: _____ Courtroom: _____ Court of Appeals Case Number: _____
Plaintiff-Appellee: The People of the State of Colorado v. Defendant-Appellant: _____	
Filing Party Name: _____ Prisoner ID Number: _____ Facility & Unit: _____ Street Address: _____ City: _____ State: _____ Zip: _____	
Motion for State Paid Transcripts	

1. I would like the state to pay for my transcripts. Those are:

Type of Event (Examples: Motions Hearing, Trial Day 1, Status Conference)	Date	Start Time
1)		
2)		
3)		

2. I cannot afford to pay for the transcripts.

3. I need these transcripts for the appeal because:

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

mailed | hand delivered | placed into prison mailing
 a copy of this document to the:

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

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

Print Name: _____ Signature: _____

_____ County District Court Street Address: _____ City: _____ State: _____ Zip: _____	▲ FOR COURT USE ▲ _____
Plaintiff-Appellee: The People of the State of Colorado v. Defendant-Appellant: _____	District Court Case Number: _____ Division: _____ Courtroom: _____
Order re Motion for State Paid Transcripts	

The Court has reviewed the Motion for State Paid Transcripts and finds and orders that:

The request is denied. The Defendant is not indigent and is not entitled to transcripts at state expense.

The request is denied. The transcripts are not needed for the Court of Appeals to resolve the appeal.

The request is granted. The Defendant is indigent and the transcripts are needed for the appeal. The state will pay for the transcripts listed in the Designation of Transcripts.

In addition, the Court finds and orders that:

Dated: _____

By: _____

Judge Magistrate