

JDF 4



## Transcript Request Form

I would like to order transcripts of the court events listed below per [Chief Justice Directive](#) 05-03.

### 1. My Information

Name: \_\_\_\_\_

Law Firm/Agency: *(if any)* \_\_\_\_\_

☐ If checked, this is a state agency under CJD 05-03(VI)(C)(1).

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ If checked, I need accessible records [\(compatible with screen readers and other assistive tech\)](#).

### 2. Case Information

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Case Title: *(caption; i.e People v Doe)* \_\_\_\_\_

Division/Courtroom: \_\_\_\_\_ Judicial Officer: \_\_\_\_\_

### 3. Type and Cost

A transcriptionist will contact you to arrange payment before a transcript is *started*.

Type <i>(check one)</i>	Cost	Time from Start / Notes
<input type="checkbox"/> Ordinary	\$3.60 /page	30 Days
<input type="checkbox"/> Expedited	\$4.35 /page	10 Days
<input type="checkbox"/> Audio Recording <i>(CD/MP4)</i>	\$35	For Small Claims Appeals only. *
Attach a Court Order to request the following types: <i>CJD 05-03(V)(B)</i> .		
<input type="checkbox"/> Overnight <i>(a.k.a. daily)</i>	\$5.85 /page	Next day, by court opening.
<input type="checkbox"/> Hourly	\$6.85 /page	2 hours of adjournment.

*Additional fee for copies: \$1.35 - \$1.85/page. See CJD 05-03 Appendix A for a full list of prices.*

Is this request for an appeal? ☐ No ☐ Yes.

#### \* Note

On appeal, an audio recording can only work in place of a written transcript for **Small Claims** cases. C.R.S. § 13-6-410.

Check with the district for its policy on ordering audio recordings of public hearings for unofficial use. CJD 05-03(V)(D)(2).

#### 4. Court Events to be Transcribed <sup>+</sup>

[illegible]

<sup>\*</sup> If an event has already been transcribed, you'll be charged the copy rate (\$1.35 - \$1.85/page).

## 5. Sign & Date

By signing below, I certify that I, or my firm/agency, will pay the full cost of the transcript.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Admin Use Only:

Date of Request: \_\_\_\_\_

Reporter/ERO Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Estimate: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Deposit:                      Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Balance/Refund Paid: \$ \_\_\_\_\_

Payment Arrangements: \_\_\_\_\_

Transcript sent on: \_\_\_\_\_

I Certify that the preparation of this transcript follows the fee and format prescribed in CJD 05-03.

Reporter/ERO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*ERO = Electronic Records Operator*