

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 (check one)	Cost	Time from Start / Notes
☐ Ordinary	\$3.60 /page	30 Days
☐ Expedited	\$4.35 /page	10 Days
☐ Audio Recording (CD/MP4)	\$35	For Small Claims Appeals only. *
Attach a Court Order to request the following types: CJD 05-03(V)(B).		
☐ Overnight (a.k.a. daily)	\$5.85 /page	Next day, by court opening.
☐ 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 ⁺

Full Hearing	Hearing Portion	Event Type (and any portion details)	Hearing Date	Times
<i>Examples:</i>		<i>(for full) Trial Day 1. (for a portion) Witness [full name]'s cross examination.</i>	12/12/2023 06/13/2021	8:30 – 4:15 9:37 - 20 min.
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⁺ 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