

# Office of the Alternate Defense Counsel

## In-Court Transcript Request Form

ADC Attorneys must give the court reporter more than 30 days for preparation. ADC cannot pay expedited rates without preapproval.

If you are requesting an expedited transcript on a JD case, please email this form to ADC Youth Defense Coordinator at [stacie@coloradoadc.com](mailto:stacie@coloradoadc.com). For all other expedited requests, email the form to ADC Deputy Director at [darren@coloradoadc.com](mailto:darren@coloradoadc.com). Contractors requesting transcripts for a case in MAAPS, please refer to the Municipal Court Services Handbook for further instructions.

DATE FILED

May 21, 2026 12:50 PM

Date: <b>5/21/2026</b>		Attorney Name: <b>Jane Byrialsen</b>	
Email: <b>jane@fblaw.org; abigail@fblaw.org</b>		Phone: <b>(202)256-5664</b>	
Client's Name: <b>Barry Morphew</b>			
Current Case Number/County: <b>25CR128</b>		Appellate Case Number:	
Case Number/Name for Requested Transcript: <b>25CR128</b>		County: <b>Alamosa</b>	
Charges: <b>Murder 1 After Deliberation</b>			
Date of Hearing(s): <b>March 30, 2026</b>			
Date Needed By: <b>6/30/2026</b>		Will another person be requesting transcripts? <input type="radio"/> Yes <input checked="" type="radio"/> No If Yes, Who:	
Case Set For: <input checked="" type="checkbox"/> Trial Date: <b>10/13/2026</b>		<input checked="" type="checkbox"/> Motion Date: <b>7/6/2026</b>	
Witness Testimony Only (Unless Otherwise Requested) Other:			
Description: <b>Requesting full transcript of 3/30/2026 hearing</b>			
<b>Court Reporter (Complete &amp; Submit for Payment)</b>		Invoice No.:	
Name:		Taxpayer ID:	
Are you a PERA retiree receiving PERA benefits?		Phone:	
Email:		Address:	
City:		State:	Zip Code:
Date Order Form Received:		Date Transcript Delivered:	
Number of Pages _____ @ \$3.60 per page ..... \$ _____ Number of Pages _____ @ \$1.35 per page ..... \$ _____ Number of Pages _____ @ \$0.00 per page (NO CHARGE – STATE HAS ALREADY PAID ONCE) \$ _____ <div style="text-align: right;">TOTAL AMOUNT DUE \$ _____</div>			
<b>FOR EXPEDITED ONLY (Must Have Approval Signature Below Prior To Transcript Preparation)</b>			
Number of Pages _____ @ \$4.35 per page ..... \$ _____			
Office of the Alternate Defense Counsel/Date			

EMAIL BILLS TO KIM WALKER AT [kim@coloradoadc.com](mailto:kim@coloradoadc.com)