INSTRUCTIONS FOR FILING A PETITION FOR REVIEW OF MAGISTRATE ORDER

These standard instructions are for informational purposes only and do not constitute legal advice about your case. If you choose to represent yourself, you are bound by the same rules and procedures as an attorney.

GENERAL INFORMATION

- A Petition for Review of Magistrate Order is not a new hearing, but an opportunity to request the District Court to review a final order from certain proceedings based upon law, if a party believes that the judgment is in error.
- Neither party is present for the review; it is a paper review by the District Court Reviewing Judge.
- You may not file any new evidence or subpoena witnesses.
- A petition can be filed by either party if they believe that the judgment/order entered was in error.
- For additional information, please review Rule 7 of the Colorado Rules for Magistrates.
- This Petition for Review of Magistrate Order should not be used to correct a clerical error. For clerical errors, please review Colorado Rules of Civil Procedure 60(a).
- This Petition for Review of Magistrate Order should not be used for a Motion to Reconsider. For information about how to request a magistrate reconsider their own order, see C.R.C.P. 121 1-15(11).
- This Petition for Review of Magistrate Order should not be used for review orders issued by County Court Magistrates. For information about how to review an order issued by a County Court Magistrate, see C.R.C.C.P. 411.

COMMON TERMS

- **Magistrate**: Any person other than a judge authorized by statute or rules to enter orders or judgments in judicial proceedings.
- **Reviewing Judge**: A judge designated by a chief judge or a presiding judge to review the orders or judgments of magistrates in proceedings to which the Rules for Magistrates apply.
- **Order or Judgment**: All final rulings, decrees or other decisions of a magistrate made through the course of judicial proceedings.

If you do not understand this information, please contact an attorney.

STEPS TO FILING YOUR PETITION FOR REVIEW

Complete Forms.

- Petition for review of a magistrate order.
- Transcript Request form. This is only required if there was a hearing.

You must identify yourself as the Petitioner/Plaintiff or Co-petitioner/Respondent depending on your "title/role" in the original case. It is important to remember that your "title/role" in the case does not change based on who files the review.

The caption below must be completed on all forms filed. Forms must be filled out completely.

Be sure to make a copy for your own records of all forms you file with the Court.

Jefferson Combined Court, State of Colorado 100 Jefferson County Parkway, Golden, CO 80401 Petitioner/Plaintiff: **NAME** v. Co-Petitioner/Respondent(s): **NAME**	***FOR COURT USE ONLY***
Attorney or **Party Without Attorney (Name and Address):** **Enter your name and address here** Phone Number: E-mail: FAX Number: Atty. Reg. #:	**Case Number:** Division Courtroom
PETITION FOR REVIEW OF MAGISTRATE ORDER	

PETITION FOR REVIEW

- This Petition must be filed with the District Court within 28 days of the entry of the final order.
- Complete the Petition providing the specific authorities relied upon to support your claim.
- Complete the Certificate of Service

CERTIFICATE OF SERVICE

I certify that on _____ (**date**) a true and accurate copy of this Petition for Review of Magistrates Order was served on the other party by:
❑Hand Delivery, or ❑Faxed to this number _____ or
❑by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____**Name of other party** _____

_____**Complete address** _____

_____

_____

- File the original with District Court.
- Make copies: one to provide to all the parties and one for your records.
- Transcript request form.

TRANSCRIPT REQUEST FORM (See next page for more instructions.)

DISTRICT COURT REVIEW

Once all the timeframes have passed for filing a response to the Petition for Review, the District Court will review the case file and transcript. **No new hearing will be held.**

- The District Court will enter a written ruling.
- You and the other party will receive a copy of the written ruling.

1st JD CRC	**Petition for Review of Magistrate Order**

1. Court: ☐ District ☐ County

☐ Jefferson County Court - 100 Jefferson County Pkwy Golden, CO 80401

☐ Gilpin County Court - 2960 Dory Hill Rd Black Hawk, CO 80422

2. Parties to the Case:

Plaintiff/Petitioner: _____

&

Defendant/Respondent: _____

This box is for court use only.

3. Filed by:

Name: _____

Mailing Address: _____

City: _____ St: ____ Zip: _____

Phone: _____

Email: _____

4. Case Details:

Number: _____

Division: _____

Courtroom: _____

5. I, _____ (your name) am filing a Petition for Review of Magistrate Order dated: _____ (date of order). I believe the following error(s) were made by the magistrate:

_____

_____

_____

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_____

6. Certificate of Service

I certify that on *(enter date)* _____, I gave a copy of this document to the other parties by: *(select at least one)*

- ☐ Colorado Courts E-Filing.
- ☐ Email or Fax to: _____.
- ☐ Regular Mail, addressed to: *(name, full address)*
- ☐ Hand Delivery, to: *(name, place)*

1) _____
2) _____
3) _____

7. Sign & Date

Print Your Name: _____
Be sure to complete: Section 3 – Filed By on page 1.

Signature: _____ Date: _____

How to Request a Hearing Transcript

1. Fill out a transcript request form. These are available online or in the Clerk of Courts office. The request forms have information regarding time frames and costs.

2. The request must be filed with the Clerk's office by mailing in, bringing in to the Clerk of Courts office, or by emailing the transcript request directly to: jeffcotranscripts@judicial.state.co.us .

   No faxed or e-filed/j-pod requests will be processed for FTR transcript requests.

3. Once the transcript request is received it will be assigned to a transcriber. The transcriber will contact you with an estimate. The transcript will not be started until the transcriber receives a deposit. Once it is completed the transcriber will notify you of the full cost and the transcript will be sent to you once payment is received.

4. Requests for audio CDs or Tapes of the hearing will not be provided per CJD 05-03.

5. For hearing dates covered by a Court Reporter, contact the Managing Court Reporter.

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
Examples:		*(for full) Trial Day 1.* *(for a portion) Witness [full name]'s cross examination.*	12/12/2023 06/13/2021	*8:30 – 4:15* *9:37 - 20 min.*
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			
☐	☐			

[+] *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