

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 \_\_\_\_\_

## 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)	Max 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 (CD/MP4)	\$35	For Small Claims Appeals. *
Attach a Court Order to request the following types: CJD 05-03(V)(B).		
<input type="checkbox"/> Overnight (a.k.a. daily)	\$5.85 /page	Next day, by court opening.
<input type="checkbox"/> Hourly	\$6.85 /page	2 hours of adjournment.

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.</i>	12/12/2023	8:30 – 4:15
		<i>(for a portion) Witness [full name]'s cross examination.</i>	06/13/2021	9:37 - 20 min.
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

*+ If an event has already been transcribed, you'll be charged a reduced copy rate (\$1.35 - \$1.85/page).*

**5. Select Transcription Company:**

Agren Blando Court Reporting Inc  Grigsby Court Reporting, Inc  Moreash Court Reporting LLC

**6. 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*