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| **Court**  District  Juvenile  Colorado County:  Court Address: | Court Use Only |
| Petitioner | Plaintiff:  &  Respondent | Defendant:  *(or Co-petitioner)* |
| **Filed by:**  Name:  Address:  Phone Fax:  Email: Bar Number:  *(For lawyers)* | Case  Number:  Division:  Courtroom:  Appeal Number: |
| **Designation of Transcripts** | |

1. I would like the following transcripts included in the Record on Appeal:

(For an event that lasted more than one day, please list each day separately.)

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Event  (Examples: Motions Hearing, Trial Day 1, Conference) | Date | Start Time | Court Reporter  Name *(If Any)* |
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1. I will submit a [Transcript Request Form](https://www.courts.state.co.us/Forms/PDF/JDF4.pdf) to the District Court along with this Designation.
2. **I Understand:**
   * I will have to pay for each transcript I list.
   * I will **NOT** attach any transcripts to this document.
   * This document just lists the transcripts to be included in the appeal.
   * The transcriptionist will send the transcripts to the District Court.
   * The transcripts are sent when they are completed and only if I fully pay for them.
3. I certify that on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I *(check one)*

mailed |  hand delivered

a copy of this document to:

1. Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

1. Respectfully submitted on *(dated)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_