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| **District Court**Colorado County: Court Address:  | *This box for court use only.* |
| **Parties:**Plaintiff-Appellee: The People of the State of Coloradov.Defendant-Appellant:  |
| **Filed by:**Name: Prisoner ID Number: Facility & Unit: Full Address:  | District CourtCase Number: Division: Courtroom: Court of AppealsCase Number:  |
| **Designation of Transcripts**(for Felony Criminal Appeals) |

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.)

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| --- | --- | --- | --- |
| Type of Event (Examples: Motions Hearing, Trial Day 1, Status 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/userfiles/file/Court_Probation/Court_Of_Appeals/Forms/11_%20Transcript%20Request%20Form.pdf) to the District Court.
2. I understand that I will have to pay for each transcript I list.
3. [ ]  If checked, I will be requesting that the state pay for the transcripts.
* I will, or already have, filed a [Motion for State Paid Transcripts](https://www.courts.state.co.us/userfiles/file/Court_Probation/Court_Of_Appeals/Forms/JDF%20673%20-%20Motion%20for%20Free%20Transcripts%202018_03_01.pdf) with the District Court.
1. I certify that on *(enter date)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I *(check one)*

[ ]  mailed | [ ]  hand delivered | [ ]  placed into prison mailing

a copy of this document to the:

Colorado Attorney General Colorado Court of Appeals

1300 Broadway, 10th Floor AND 2 East 14th Avenue

Denver, Colorado 80203. Denver, CO 80203.

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

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