|  |  |
| --- | --- |
| County Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:Plaintiff/Petitioner:v.Defendant/Respondent: |  COURT USE ONLY |
| Attorney or Filing Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division CourtroomCourt of Appeal’s CaseNumber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 ReporterName *(If Any)* |
|  |  |  |  |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |
| 6) |  |  |  |
| 7) |  |  |  |
| 8) |  |  |  |
| 9) |  |  |  |

1. I will submit a *Transcript Request Form* 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.

CERTIFICATE OF MAILING

I certify that a true copy of the Designation of Transcripts was mailed, postage prepaid, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (opposing party(ies) or attorney), at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant(s) or Attorney for Appellant(s)