

County Court _____ County, Colorado Court 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 _____ Courtroom _____ Court of Appeal's Case 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 <i>(If Any)</i>
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			

2. I will submit a [Transcript Request Form](#) to the District Court along with this Designation.

3. **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)