

How to Request a Hearing Transcript

1. Fill out a transcript request form. These are available online or in the Clerk of Courts office. The request forms have information regarding time frames and costs.
2. The request must be filed with the Clerk's office by mailing in, bringing in to the Clerk of Courts office, or by emailing the transcript request directly to:
jeffcotranscripts@judicial.state.co.us .

No faxed or e-filed/j-pod requests will be processed for FTR transcript requests.

3. Once the transcript request is received it will be assigned to a transcriber. The transcriber will contact you with an estimate. The transcript will not be started until the transcriber receives a deposit. Once it is completed the transcriber will notify you of the full cost and the transcript will be sent to you once payment is received.
4. Requests for audio CDs or Tapes of the hearing will not be provided per CJD 05-03.
5. For hearing dates covered by a Court Reporter, contact the Managing Court Reporter.

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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 _____

If checked, I need accessible records (compatible with screen readers and other assistive tech).

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)	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 only. *
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.

Additional fee for copies: \$1.35 - \$1.85/page. 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> <i>(for a portion) Witness [full name]'s cross examination.</i>	12/12/2023 06/13/2021	8:30 – 4:15 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 the copy rate (\$1.35 - \$1.85/page).

5. 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