County Court	County, Colorado		
Court Address:			
Plaintiff/Petitioner:			
riaii iiii/reiiiioner.			
V.			
Defendant/Respondent:	▲ COU	RT USE ONLY	
Attorney or Filing Party Witho	Case Number:		
, ,		Division	Courtroom
		Court of Appea	l's Case
Phone Number:	E-mail:	''	
FAX Number:	Atty. Reg. #:	Number:	
	DESIGNATION OF TRANS	CRIPTS	

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)		
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

ı	сеппу	tnat	а	true	copy	OT	tne	Designation	OT	ranscripts	was	mailea,	pos	stage	prepaid,	το
_										(o	pposin	g party(i	ies)	or	attorney),	at
_										(add	dress),		(date)	•		
										-	Appella	int(s) or A	ttorn	ev fo	r Appellant	 (s)