

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203	▲ FOR COURT USE ▲
Plaintiff Petitioner: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee & Defendant Respondent: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee	
My Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____ District Court Case Number: _____ County: _____
<h2>Notice of Appeal</h2>	

1. Final Order on Appeal

- I am appealing the final order issued on *(date)* _____.
- This appeal is filed pursuant to Colorado Appellate Rule (C.A.R.) 3.

2. Magistrate Order?

- Check here if your case was decided by a magistrate.

3. More Time to Appeal?

- Check here if you asked for more time to start the appeal.

4. Post-Trial Motions?

Did any party file a timely post-trial motion? *(Check one)*

- No.

OR

- Yes. A post-trial motion was filed on: *(date)* _____.
The order deciding this motion was issued on: *(date)* _____.

5. Possible Issues on Appeal

What Issues are you considering discussing in your Opening Brief?
(list one or two)

•

•

6. Transcript Needed?

Will you be purchasing a transcript for the appeal? *(Check one)*

- No.

OR

- Yes. A transcript is necessary to review the Issues on Appeal.
 - I will file a [*Designation of Transcripts - C.A.R. Form 8*](#),
 - With the District Court clerk's office within 7 days.

7. Party Information

Provide information of the people responding to the appeal.

- Name of Responding Party: _____.
 - **This party:** *(Check one)* does | does not - have a lawyer.
 - **Lawyer Name:** *(if any)* _____.
Registration Number: _____.
Name of Law Firm: _____.
 - **Party Contact Information:** *(Or the lawyer's, if represented.)*
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____.
E-Mail Address: _____.

- Name of Responding Party: _____.
 - **This party:** *(Check one)* does | does not - have a lawyer.
 - **Lawyer Name:** *(if any)* _____.
Registration Number: _____.
Name of Law Firm: _____.
 - **Party Contact Information:** *(Or the lawyer's, if represented.)*
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____.
E-Mail Address: _____.

8. Attachments

Please see the documents I attached to this notice:

- A copy of the final order I am appealing.
- Any motion for post-trial relief.
- The \$223 filing fee. *(Or, a District Court Order - JDF 206 waiving that fee)*

9. Copies Delivered

I certify that on *(date)* _____, I *(check one)*

mailed | hand delivered

a copy of this document to:

1) _____ County District Court:

Street Address: _____

City: _____ State: _____ Zip: _____

2) Responding Party Name: _____

Attorney Name: *(if any)* _____

Address: _____

City: _____ State: _____ Zip: _____

3) Responding Party Name: _____

Attorney Name: *(if any)* _____

Address: _____

City: _____ State: _____ Zip: _____

10. Signature & Date

Signature: _____ Dated: _____

<p style="text-align: right;">_____ County District Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>Plaintiff/Petitioner: _____</p> <p>v.</p> <p>Defendant/Respondent: _____</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>District Court Case</p> <p>Number: _____</p> <p style="padding-left: 40px;">Division: _____</p> <p style="padding-left: 40px;">Courtroom: _____</p> <p>Court of Appeals' Case</p> <p>Number: _____</p>
<h3 style="margin: 0;">Designation of Transcripts</h3>	

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, Status 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 that:

- 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.

4. I certify that on (date) _____, I (*check one*)

mailed | hand delivered

a copy of this document to:

1) Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Respectfully submitted on (*dated*) _____, by

Print Name: _____

Signature: _____

TRANSCRIPT REQUEST FORM

Pursuant to Chief Justice Directive 2005-03

This transcript request form must be completed by any person requesting a transcript from any court proceeding whether reported stenographically or by electronic recording means. Upon completion of this Transcript Request Form, please follow established policies and procedures for each judicial district which outline instructions for ordering transcripts, tapes or digital recording disks. This information is available on the Colorado Judicial website at www.courts.state.co.us

Transcript Rates

Ordinary Rate (State Paid)
(within 30 days or per C.A.R. 11(a)&(d))

Original Price (\$2.75/page)
Copy to State Agency (\$0/page)
Copy to Non-State Agency Party (\$.50/page)
Add'l Copy to Non-Party (\$.50/page)

Expedited Rate
(within 10 days)

Original Price (\$3.50/page)
Copy to State Agency (\$0/page)
Copy to Non-State Agency Party (\$.50/page)
Add'l Copy to Non-Party (\$.50/page)

Ordinary Rate (Private Paid)
(within 11 days and up to 30 days, or as agreed upon by the requesting party and transcriber)

Original Price (\$2.75/page)
Copy to State Agency (\$.50/page)
Copy to Non-State Agency Party (\$.50/page)

Hourly Rate
(within 2 hours of adjournment)

Original Price (\$6.00/page)
Copy to State-Agency (\$1.00/page)
Copy to Non-State Agency Party (\$1.00/page)
Add'l Copy to Non-Party (\$1.00/page)

Daily Rate
(following adjournment & prior to normal opening of court the following day)

Original Price (\$5.00/page)
Copy to State-Agency (\$0/page)
Copy to Non-State Agency Party (\$.75/page)
Add'l Copy to Non-Party (\$.75/page)

Duplication Fees \$35.00/tape or CD
(Only if allowed by district)

Transcripts will not be started and the time limits stated for delivery of transcripts will not commence until satisfactory payment arrangements are made for required fees. To avoid any disputes as to dates or payment, a dated receipt for payment shall be provided to requester.

ORDERING PARTY INFORMATION

1. Full Name (Include Firm Name)	2. Phone Number	3. Email Address	
4. Mailing Address	5. City	6. State	7. Zip Code

TRANSCRIPT INFORMATION

8. Case No.	9. Case Caption (i.e. People v. John Doe)	10. County
11. Judicial Officer/Division	12. Order For <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input type="checkbox"/> Criminal <input type="checkbox"/> Other	

12. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested)					
Full Transcript	Date(s)	Time(s)	Portion(s)	Date(s)	Time(s)
			<input type="checkbox"/> Testimony (Specify Witness)		
			<input type="checkbox"/> Pre/Post Trial Hearing (Spcy)		

ORDERING INFORMATION

13. Date of Request/Date Transcript Needed	14. Rate Category: <input type="checkbox"/> Ordinary (State Pd.) <input type="checkbox"/> Expedited <input type="checkbox"/> Hourly <input type="checkbox"/> Ordinary (Private Pd.) <input type="checkbox"/> Daily
15. Orig. + Copies (Spcy #) _____ + _____ = _____	16. Certification (By signing below, I certify that I will pay all charges.) Signature: _____ Date: _____

FOR COURT USE ONLY

Date of Request	Transcript To Be Prepared By (Name of Court Rpt/ERO)	Date Court Rptr/ERO Contacted	
Notice of Estimate to Ordering Party Date _____ # of pages _____	Date of Deposit/Satisfactory Payment Arrangements	Deposit Paid \$ _____	Bal Pd/Refund \$ _____
Date Transcript Mailed/Delivered	I certify that the preparation of this transcript is in compliance with the fee & format prescribed by CJD 05-03. _____ Reporter/ERO Signature Date		

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent: _____ Name: _____ Address: _____ Phone Number: _____ E-Mail: _____	▲ COURT USE ONLY ▲ Case Number: _____ Courtroom: _____
MOTION TO: <input type="checkbox"/> FILE WITHOUT PAYMENT OF FILING FEE <input type="checkbox"/> WAIVE OTHER COSTS OWED TO THE STATE AND SUPPORTING FINANCIAL AFFIDAVIT	

I, _____ respectfully move the Court for an order to waive the following filing fee(s):
 Filing Fee Appeal Cost Bond Other: _____ and as grounds state that I am without funds, have no adequate funds available, and have a meritorious claim.

All items must be fully completed. Print or type neatly. If an item does not apply, please write "N/A"

Name of Applicant		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		
Hours/Week: _____ Pay Rate: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		

Name of Other Responsible Party(Spouse, Partner, Parent, Other Persons in Household)		
Last Name	First Name	MI
Street Address (Include Apt. # if applicable) _____		
City	State	Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent Home Phone #: _____		
Social Security #	Driver's Lic. # & State	Date of Birth
Most Recent Employer: _____		
Work Address: _____		
Work Phone #: () _____		
Dates Employed: _____		

Hours/Week: _____ Pay Rate: \$ _____ Weekly Bi-weekly Monthly Annual Other: _____

Marital Status: Single Married Partner in a Civil Union Divorced/Civil Union Dissolved Separated
 Widowed

Number in Household: (including yourself) _____

Identify Members:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Gross Monthly Income (See Information on page 3)		Monthly Expenses (See Information on Page 3)	
Self (wages, salary, commission)	\$ _____	Rent or Mortgage	\$ _____
Spouse/Partner, Other Household Members	\$ _____	Groceries	\$ _____
Parents (if same household)	\$ _____	Utilities	\$ _____
Unemployment Benefits	\$ _____	Clothing	\$ _____
Social Security/Retirement Funds	\$ _____	Maintenance/Alimony and/or Child Support	\$ _____
Maintenance/Alimony	\$ _____	Medical/Dental	\$ _____
Other Income (identify)	\$ _____	Other Expenses (identify)	\$ _____
Other Income (identify)	\$ _____	Other Expenses (identify)	\$ _____
Total Income	\$ _____	Total Expenses	\$ _____
Cash on Hand (Cash you are carrying or which is stored at home, etc.)	\$ _____	Credit Cards: (Show type and balance owed)	
		Type: _____	Balance \$ _____
		Type: _____	Balance \$ _____
Checking Account Balance	\$ _____	Name/Address of Bank: _____	
Savings Account Balance	\$ _____	Name/Address of Bank: _____	
Stocks, Bonds, or other Investments Held Balance	\$ _____	Type of Investment _____ Name/Location of Company/Corporation _____	
Vehicles Owned (Autos, boats, recreational vehicles, etc.) - Estimate Value	\$ _____	Year _____ Model _____ License Plate _____	
		Year _____ Model _____ License Plate _____	
House(s) or other Property Estimate Value	\$ _____	Amount owed \$ _____ Year Purchased _____	

IF ADDITIONAL SPACE IS NEEDED TO PROVIDE COMPLETE INFORMATION, ATTACH A SEPARATE PAGE.

I swear under penalty of perjury that all information provided is true and complete. In addition, if requested I will provide three (3) months of bank statements and pay stubs or other comparable proof of income status. I authorize the Court to make any necessary contacts to verify the information.

Signature: _____

Date: _____

MOTION TO FILE WITHOUT PAYMENT SUPPORTING FINANCIAL AFFIDAVIT, AND SUPPORTING DOCUMENTATION REQUESTED

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 205.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **DO NOT provide originals.**

County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court <input type="checkbox"/> _____ County, Colorado Court Address: _____ Plaintiff/Petitioner: _____ v. Defendant/Respondent/Co-Petitioner: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom
FINDING AND ORDER CONCERNING PAYMENT OF FILING FEES	

Name of Party filing Motion: _____ on _____ (Date).

Upon review of the attached Motion, the above party is:

- Eligible to proceed without payment of the following filing fee(s):
- | | | |
|---|--|---|
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Cost Bond |
| <input type="checkbox"/> Supersedes Bond | <input type="checkbox"/> Costs on Appeal | <input type="checkbox"/> Record Preparation Fee |
| <input type="checkbox"/> other: _____ | | |
- Eligible to have the filing fee of \$_____ paid in two three payments, with the first payment due by _____ (date) and the final payment due by _____ (date).
- Not Eligible to proceed. Party is responsible for payment of the filing fees.

Date: _____

 Signature of Eligibility Investigator, Clerk of Court, Judge/Magistrate

ORDER

The Court has reviewed the Motion (JDF 205) and so orders:

- As indicated above.
- The specified party is ordered to pay \$_____ by _____ (Date) to cover filing fees.
- Other _____

The Court finds that by allowing a party to proceed with a payment plan, the party has agreed to pay the fee as listed above. Failure to pay will result in collection against the party. Costs associated with collection will be assessed.

A subsequent motion to proceed without payment of filing fees must be filed upon order of the court or anytime the case is re-opened. Pursuant to §13-16-103, C.R.S., in the event the party who receives a waiver of costs prosecutes or defends an action or proceeding successfully, there shall be a judgment entered in his/her favor in the amount of the court costs and the party shall, upon collecting such court costs, remit them to the Court.

Date: _____

 Judge Magistrate

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff/Petitioner: _____,</p> <p>v.</p> <p>Defendant/Respondent:</p> <p>_____</p> <p>_____.</p> <hr/> <p>Filing Party Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Motion to Waive Appeal Cost Bond</p>	

I respectfully ask the court to waive the \$250 appeal cost bond as required by Colorado Appellate Rule (C.A.R.) 7. Please see the concurrently filed financial affidavit in the Motion to Waive Fees for proof of indigence.

Dated: _____

Respectfully submitted,

Signature: _____

Print Name: _____

Certificate of Service

I certify that on (date) _____ an original Motion to Waive Appeal Cost Bond was filed with the District Court and a copy, along with any attachments, was sent to the following parties:

Counsel (Or party if without counsel): By Mail OR In Person

Name: _____

Street Address: _____

City: _____, State: _____. Zip: _____

List the other parties served, their address, and how service was made:

Signature: _____

Print Name: _____

<p>_____ County District/Combined Court</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <hr/> <p>In the Case of:</p> <p>Plaintiff/Petitioner: _____,</p> <p>v.</p> <p>Defendant/Respondent:</p> <p>_____</p> <p>_____.</p>	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/> <p>Case Number: _____</p> <p>Courtroom: _____</p> <p>Division: _____</p>
<p>Order Waiving the Appeal Cost Bond</p>	

Upon review of the Motion to Waive the Appeal Cost Bond, the court finds and orders:

Dated: _____ Signature: _____