



## OCR TRANSCRIPT REQUEST FORM

This form is required for OCR Transcript Requests. A filed court motion is not required for OCR transcripts.

1. The requesting attorney fills out the top two boxes and submits to the court reporter. If an expedited request, the attorney must first get an OCR approval signature in the bottom box before step 2.
  2. The court reporter fills out the Invoice box and emails to [billing@coloradochildrep.org](mailto:billing@coloradochildrep.org) for direct payment.
- Forms must be submitted no later than 30 days after the transcript delivery date.

|                           |  |                     |  |
|---------------------------|--|---------------------|--|
| Date                      |  | Requesting Attorney |  |
| Date transcript needed by |  | Attorney Email      |  |
| Phone No.                 |  | Trial Attorney Name |  |
| Case No(s).               |  | Youth's Initials    |  |
| Appellate Case Number     |  | County              |  |

|  |  |  |  |
|--|--|--|--|
| Date(s) Requested  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Will another person or party be requesting transcripts?      No      Yes      Who? |  |  |  |

**All transcript preparation and procedures are governed by CJD 05-03, and must follow those guidelines.**

| <b>Court Reporter Invoice</b>   |                       |                           |  |          |
|---|-----------------------|---------------------------|--|----------|
| (To be completed and submitted by the Court Reporter for payment)                           |                       |                           |  |          |
| Name  |                       | Tax Payer ID              |  |          |
| Phone No.   |                       |                           |  |          |
| E-mail  |                       |                           |  |          |
| Address   |                       |                           |  |          |
| City  |                       | State                     |  | Zip Code |
| Date Order Form Rec'd   |                       | Date Transcript Delivered |  |          |
| Delivery Method   | Electronic      Paper |                           |  |          |
| Number of pages _____ @ _____ per page . . . . . \$ _____                                   |                       |                           |  |          |
| Number of pages _____ @ _____ per page . . . . . \$ _____                                   |                       |                           |  |          |
| Number of pages _____ @ \$0.00 (No charge – state has already paid once) \$ -- NO CHARGE -- |                       |                           |  |          |
| <b>TOTAL AMOUNT DUE: \$ _____</b>   |                       |                           |  |          |

**Must have OCR approval signature below prior to expedited transcript preparation.**

|   |                             |
|---|-----------------------------|
| <b>FOR EXPEDITED ONLY (1. Attorney gets approval signature from OCR; 2. Submit to Court Reporter)</b> |                             |
| Date transcripts needed by: _____   | Reason for expedited: _____ |
| Number of pages _____ @ \$_____ per page . . . . . \$ _____   |                             |
|   |                             |
| OCR: Anna Ulrich  | OCR Approval Signature Date |

**OCR DOES NOT PAY THE EXPEDITED RATE WITHOUT PRE-APPROVAL FROM ANNA ULRICH. If requesting expedited, email the completed form for approval signature to [aulrich@coloradochildrep.org](mailto:aulrich@coloradochildrep.org).**

For all other questions, contact [billing@coloradochildrep.org](mailto:billing@coloradochildrep.org).