



Colorado

Town of Sugar City

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Court Transcript Request

Today's Date: _____

Case No: _____

Claimant/Party's Name: _____

Date of Hearing: _____

Time Hearing Started: _____

Time Hearing Ended: _____

Judge: _____

Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.

I am requesting a copy of: Written transcript of the hearing only. Name and address of transcriptionist attached.

By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that if this request is in conjunction with a Worker's Compensation Petition to Review or other form of Appeal that additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved.

X _____

Signature

Attorney Registration Number _____

First Name _____ Last Name: _____ Middle Initial _____ Suffix _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____

I hereby certify that I mailed or delivered the Court Transcript Request to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.):

First Name _____ Last Name: _____ Middle Initial _____ Suffix _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____

Signature _____

Date Mailed _____