

FTR TRANSCRIPT REQUEST FORM

Pursuant to Chief Justice Directive 2005-03 (Amended July 1, 2015)

This transcript request form must be completed by any person requesting a transcript from any court proceeding which was reported by electronic recording means. This form is also available on the Denver District Court page of the Colorado Judicial website at www.courts.state.co.us. For transcript requests in the Second Judicial District, Denver District Court, email this completed form to 02FTRTRANSCRIPTS@judicial.state.co.us, or call 720-865-9111.

Transcript Rates

Ordinary Rate (State Paid) (within 30 days or per C.A.R. 11(a)&(d))	Original Price (\$3.00/page) Copy to State Agency (\$0/page) Copy to Non-State Agency Party (\$.75/page) Add'l Copy to Non-Party (\$.75/page)	Expedited Rate (within 10 days)	Original Price (\$3.75/page) Copy to State Agency (\$0/page) Copy to Non-State Agency Party (\$.75/page) Add'l Copy to Non-Party (\$.75/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 (\$3.00/page) Copy to State Agency (\$.75/page) Copy to Non-State Agency Party (\$.75/page)	Hourly Rate (within 2 hours of adjournment)	Original Price (\$6.25/page) Copy to State-Agency (\$1.25/page) Copy to Non-State Agency Party (\$1.25/page) Add'l Copy to Non-Party (\$1.25/page)
Daily Rate (following adjournment and prior to normal opening of court the following day)	Original Price (\$5.25/page) Copy to State-Agency (\$0/page) Copy to Non-State Agency Party (\$1.00/page) Add'l Copy to Non-Party (\$1.00/page)	Duplication Fees (For audio CDs - only if allowed by district)	\$35.00/tape or CD

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) <i>Lawrence R. Goodman</i>		2. Phone Number		3. Email Address <i>lawrencegoodman@gmail.com</i>	
4. Mailing Address <i>P.O. Box 3792</i>		5. City <i>Boulder</i>		6. State <i>Colorado</i>	7. Zip Code <i>80307</i>
TRANSCRIPT INFORMATION					
8. Case No. <i>17CR10088</i>		9. Case Caption (i.e. People v. John Doe) <i>People of the State of CO v. Goodman</i>		10. County <i>Denver</i>	
11. Judicial Officer/Division <i>Michael Spear RM 1G</i>		12. Order For <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input checked="" type="checkbox"/> Criminal <input checked="" type="checkbox"/> Other			
12. Transcript Requested (Specify portion(s) and date(s) of proceeding(s) requested)					
Portion(s)	Date(s)	Time(s)	Portion(s)	Date(s)	Time(s)
<input type="checkbox"/> Entire Proceedings			<input type="checkbox"/> Testimony (Specify Witness)		
<input type="checkbox"/> Jury Voir Dire					
<input type="checkbox"/> Opening Statements					
<input type="checkbox"/> Closing Arguments			<input checked="" type="checkbox"/> Pre/Post Trial Hearing (Spcy)	<i>April 4, 2018</i>	<i>10:00AM</i>
<input type="checkbox"/> Jury Instructions					
<input type="checkbox"/> Judge's Ruling					
ORDERING INFORMATION					
13. Date of Request/Date Transcript Needed <i>CD</i>		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 <i>Lawrence R. Goodman</i> Date: <i>4/2/18</i>			
FOR COURT USE ONLY (ERO = Electronic Records Operator)					
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 _____			

Event Code: **MINO** 000000

File Date: **04/10/2018**

Add Attorney to Case? Yes No E-Filed: **11**

Party	Role	Party Name

Print Screen

Select Comments

Comments

FTR AUDIO CD REQUEST RECEIVED FROM LAURENCE GOODMAN FOR CTRM 1G FOR HEARING 4 -4-18 (10:09:40-10:43:52) SENT TO RM 135 IN LF BUILDING FOR PICK UP. REQUESTING PARTY MUST PAY 35.00 FEE FOR CD.

Judicial Officer: **019986** MICHAEL JAMES SPEAR

Clerk Initial:

Reporter Initial:

Amount Ordered:

Pay Frequency:

Order Type:

Arrearage Amount:

Commence Date:

FSR #:

Due Date:

Expiration Date:

Medical Ordered:

Agency:

Related Event:

Session 2

Party

Back

Forward

Close

Enter

17CR10088
4/4/18

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DVD-R | 16x
4.7GB, 2 hr



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TO PRODUCE AN OFFICIAL COURT TRANSCRIPT