

TRANSCRIPT OR CD REQUEST

Name of Respondent	Date of Birth
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Case Number	Appeal to be Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Hearing	Location of Hearing
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Name – Individual making request	
Address	
City, State, ZIP	Phone #

TRANSCRIPT REQUEST

Authorized Transcribers (Listed alphabetically):
<input type="checkbox"/> A/V Tronics, Inc. (303) 634-2295
<input type="checkbox"/> Sue Helgoth, C.R.I. (303) 702-9788
<input type="checkbox"/> Transcriber selected by requester*: Name _____

My signature below signifies my understanding that I am responsible for all costs associated with the preparation of the transcript I have requested. If the transcript is prepared by one of the authorized transcribers, I will be required to pay a deposit **to the transcriber** before the transcript will be created, and I must pay the entire amount due before the transcript will be released for certification. That amount will include a per page cost. The estimated preparation time is four to six weeks.

NOTE: If the case is to be appealed, a transcript MUST be requested. Only a certified transcript may be filed with the court.

Signature	Date
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* Any transcription service selected by the requester must meet the standards that have been established by the state. For further information, call (303) 205-5606.

MP3 CD REQUEST

Please prepare a duplicate of the recording of the hearing noted above. I have provided two blank CD-R's (not CD-RW's) to the Department for the purpose of preparing the copy, and will pick up the copy when notified that it is available. I will provide a mailer, postage pre-paid, if I need to have the copy mailed to me, and understand that preparation of the duplicate may take from one to three weeks.

I understand that an MP3 recording is not adequate for an appeal, and that if my case is under appeal, I must request a certified transcript from the Department of Revenue.

Signature	Date
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