

Court of Appeals, State of Colorado 2 East 14th Ave. Denver, CO 80203 Name of Lower Court(s): _____ Trial Court Judges(s): _____ Case Number(s): _____		
THE PEOPLE OF THE STATE OF COLORADO In the Interest of : _____ [initials pursuant to § 19-1-109(1)] Minor Child(ren), And Concerning: _____ [initials pursuant to § 19-1-109(1)] Appellant/Respondent: _____		▲ ▲ COURT USE ONLY
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: Division Courtroom
SUPPLEMENTAL DESIGNATION OF TRANSCRIPTS		

In addition to the transcripts designated by appellant, the clerk of the trial court shall include in the record on appeal:

The original transcripts of the following proceedings:

1. _____
(List the name and the date of the proceeding.)

2. _____
(List the name and the date of the proceeding.)

The name and address of the court reporter(s) is:

Name			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

Signature, appellee or attorney for appellee

Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original of this *NOTICE OF APPEAL (CROSS-APPEAL) AND DESIGNATION OF TRANSCRIPTS* was filed with the trial court and Court of Appeals; and a true and accurate copy of this *NOTICE OF APPEAL (CROSS-APPEAL) AND DESIGNATION OF TRANSCRIPTS* was served on the other party(ies) and any court reporters listed above by:

1. E-file system
2. Placing it in the United States mail, postage pre-paid and addressed to the following:

Signature