

District Court _____ County, Colorado Court Address: _____ _____ <hr/> People of the State of Colorado, Plaintiff-Appellee, v. _____, Defendant-Appellant	<b>▲ COURT USE ONLY ▲</b>
Party Without Attorney: (Name & Address) Name: _____ DOC Registration Number: _____ DOC Facility: _____ Address: _____ _____	<hr/> <b>District Court Case</b> Number: __CR_____  Div.:__ Ctrm: _____  <b>Court of Appeals Case</b> Number: __CA_____ 
<b>PRO SE MOTION FOR TRANSCRIPTS AT STATE EXPENSE FOR PURPOSES OF APPEAL IN A CRIMINAL CASE</b>	

I filed a notice of appeal in this case on \_\_\_\_\_ (date of notice of appeal). I am appealing the district court's order of \_\_\_\_\_ (date of order being appealed). I am indigent and I am requesting that the district court grant this motion for transcripts at state expense for the following:

\_\_\_ **Copies of the providency and sentencing hearing .** (hearing date \_\_\_\_\_)

\_\_\_ **Copies of transcripts of the following are necessary for the appeal**

- \_\_\_ Trial Transcripts (Trial dates \_\_\_\_\_)
- \_\_\_ Post-trial motions hearing (hearing date \_\_\_\_\_)
- \_\_\_ Other transcripts (hearing dates \_\_\_\_\_)

\_\_\_\_\_  
Signature of Defendant-Appellant

**CERTIFICATE OF SERVICE**

**You must complete this certificate of service and mail to each office listed.**

I hereby certify that a true and correct copy of this **PRO SE MOTION FOR TRANSCRIPTS AT STATE EXPENSE IN A CRIMINAL CASE**

placed in the United States mail, properly addressed, postage prepaid to each of the following on this date:

\_\_\_\_\_ (date of mailing)

Counsel for Plaintiff-Appellee: Attorney General 1525 Sherman St. 7th floor Denver, CO 80203 (303)866-4500 FAX: (303)866-5691	District Court _____ County, Colorado Court Address:
Colorado Court of Appeals 2 East 14 <sup>th</sup> Avenue Denver CO 80203	▲ ▲

By:

\_\_\_\_\_  
(Signature of Defendant-Appellant)