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| STATE OF COLORADO | **RECEIVED** OFFICE OFADMINISTRATIVE COURTS |
| OFFICE OF ADMINISTRATIVE COURTS |
| 1525 Sherman Street, Denver, CO 80203 |
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|  | **CASE NUMBER:** |
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| **AUDIO RECORDING REQUEST** |
| **Hearing Details:** |
| I am requesting a copy of a the |  | For the following hearing dates: |
|  | **Date(s) of Hearing(s)** | **Hearing Location** | **Start Time**  | **End Time** |  |
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| **Transcriptionist:** |
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| 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 filing an appeal, additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved. |
|  |  |  |  |
| Signature  |  | Attorney Registration Number  |  |
| E-mail: |  |  |