

State of Colorado Office of Administrative Courts			
1525 Sherman St., 4 th Floor, Denver, CO 80203 Email: oac-gs@state.co.us			
Audio Recording Request			
Today's Date:		Case Number:	
Case Name:		Party Making Request:	
Hearing Date:	Hearing Location:	Courtroom (if applicable):	
Is this a Workers' Compensation hearing <input type="checkbox"/> Yes <input type="checkbox"/> No		Video Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Start Time:	Hearing End Time:	Judge:	
Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.			
I am requesting a copy of: <input type="checkbox"/> Recording of the hearing only. (audio link to be provided). <input type="checkbox"/> Written transcript of the hearing only. <input type="checkbox"/> Both the recording and written transcript of the hearing.			
Transcriptionist Name:			
Transcriptionist Address:			
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 this request is in conjunction with a Worker's Compensation Petition to Review or other form of Appeal/Exceptions that additional filing requirements may need to be met pursuant to any and all applicable statutes or rules of the agency/department involved.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> X _____ Signature </div> <div style="width: 45%;"> _____ Attorney Registration Number (if applicable) </div> </div>			
First Name:		Last Name:	
Company:			
Address:			
City:	State:	Zip:	Phone:
E-mail:			

Certificate of Service or Mailing

I hereby certify that I mailed or delivered true and correct copies of the Audio Recording Request to all parties at the addresses shown below: *(A party must provide a copy to the opposing party or their attorney.)*

Party 1	First Name:		Last Name:		
	Company:				
	Address:				
	City:	State:	Zip:	Phone:	
	E-mail:				
Party 2	First Name:		Last Name:		
	Company:				
	Address:				
	City:	State:	Zip:	Phone:	
	E-mail:				
<div>_____ Signature of person serving document</div> <div>_____ Date served</div> <div>Revised 6/25</div>					