

Office of Administrative Courts



633 17th Street, Suite 1300
Denver, CO 80202
Phone (303) 866-2000
Fax (303) 866-5909
www.colorado.gov/dpa/oac

HCPF Audio Recording Transcript Request for Medicaid (SHP) cases*

This form IS ONLY to be used when the Appellant is requesting a transcript to be included with the filing of Exceptions with the Department of Health Care Policy & Financing's (HCPF) Office of Appeals.

Today's Date: _____ Case No: _____
Appellant's Name: _____ Judge: _____
Date of Hearing: _____ Hearing was held by: phone face to face
If face to face, indicate the hearing location: _____
If Denver, please specify Courtroom: 1 2 3 4 5
Time Hearing Started: _____ Time Hearing Ended: _____ Tape # (if applicable) _____

The official recording of the hearing will be sent to A/V Tronics, a transcribing agency, to prepare the written transcript. The Department of Health Care Policy and Financing will pay A/V Tronics for the cost of the transcript and the cost of one copy for the Appellant/Petitioner.

I have notified the Office of Appeals in writing (1570 Grant Street, Denver, CO 80203) that I am requesting a transcript and the new due date is: _____

I will notify the Office of Appeals in writing that I am requesting a transcript and will further notify A/V Tronics by calling 303-634-2295 of the new due date as soon as it is received.

By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing Exceptions for this case. I further acknowledge that additional filing requirements may need to be met pursuant to any and all applicable rules of the Department of Health Care Policy and Financing.

Signature Address

Name (Please Print) City, State & Zip

Firm Phone No.

E-Mail Address Fax No.

To be completed by the OAC

Request Logged in LF _____ Hearing medium copied _____ Recording sent to A/V Tronics for transcription _____