_		
Cour	District County	
Colo	rado County:	
Cour	t Address:	
Plain	tiff:	
V.	n donte	A A
Deter	ndant:	Court Use Only
•	Vame:	Case Number:
	Address:	
	e Fax:	Division:
Emai	l: Bar Number: (For lawyers only)	Courtroom:
Notice and Payment for Impounded Animals		
Please least 3	Payment Payment amount (determined by the impound): \$ This payment is for 30 days starting on: (enter date)	
	I paid this amount with: (check one) Cash Cert	ified Funds
2.	My Information	
	Full Name: Date	e of Birth:
	I am the animals':	Other:
	Phone Number:	
	Address:	
3.	Impound Information	
	Agency Name:	
	Phone Number:	
	Address:	

_____ animals impounded: I have (enter number) Race/Breed Their Name **Brief Description** Legal Affirmation By signing below, I affirm: I acknowledge that making this payment may prevent the disposition of the animal(s) identified above. The impound will use the money for the care and provision of my animal(s) for thirty days. If a licensed veterinarian determines that an animal is experiencing extreme pain, suffering, or is severely injured, disabled, or diseased past recovery, the impound may euthanize the animal without a court order under C.R.S. § 18-9-202.5(2)(c). I understand I must pay the impound's cost within ten days after impoundment. Or, I may request a hearing to determine: (1) If the impound's fees are fair, reasonable, and necessary; or (2) If there was probable cause for the impoundment. If the Court finds probable cause, I will be responsible for paying the costs at the hearing. I understand that failure to pay for the impoundment, care, and provision of my animals may result in a forfeiture of my ownership rights. I also understand that I must renew the payment if I wish to prevent the disposition of the animals(s) after 30 days. I must give the Court a new 30-days payment at least ten days before the last payment expires. Sign & Date

Your Signature: _____

4.

5.

6.

Animal Information

Dated: