

Defendant's Name: *(printed)* _____

Case Number: _____

Additional Conditions:

- (1) Party shall not commit a felony while at liberty on bail;
(2) Party shall immediately notify the Court of any change of mailing address or residence.
- ☐ If you have been arrested for a Felony offense, you shall sign a written waiver of extradition indicating you waive all formal proceedings in the event you are arrested in another state and you agree to be returned to Colorado.
- ☐ Party acknowledges the existence of a Mandatory Protection order and shall comply with any required firearm relinquishment provisions under C.R.S. § 18-1-1001.
- ☐ Party may not leave the state; ☐ No Weapons ☐ No Alcohol ☐ No Illegal Drugs⁺
☐ No Driving Without a Valid License ☐ Random UA's ☐ Random BA's ☐ Daily BA's
☐ GPS Monitoring ☐ Substance Abuse Monitoring ☐ Electronic Substance Abuse Monitoring
☐ Electronic Home Monitoring
- ☐ Pre-trial Supervision: *(contact information)* _____
- ☐ No Contact with _____
- ☐ Other _____

Note: If the Party fails to comply with any of the conditions of this Bond, the Court may revoke the Party's release on bail, increase the amount of bail or modify bond conditions. This Bond will be forfeited if the party does not appear in Court as required by the primary bond condition.

+ No Illegal Drugs: This condition does not apply to use of medical marijuana for patients who possess a valid registry ID card under C.R.S. § 25-1.5-106(2)(e). C.R.S. § 16-4-105(6)(c).

Use of Cash Bond: *(only filled out by Defendant if selecting cash/self bond type)*

- ☐ **I consent** and authorize the court to apply the cash bond deposited in this case to any and all court costs, restitution, fines, fees and surcharges owed by me at the time I am discharged from all liability under the terms of the bond. Any funds remaining must be returned to me as defendant at the address provided below.
- ☐ **I do not consent** or authorize the court to apply the cash bond deposited in this case toward any amount owed by me.

Signatures:

Party

Signature: _____

Mailing Address: *(including City, State, & Zip Code)* _____

Telephone Number: _____

Bail Bonding Agent* (or Bonding Commissioner / Judge)

Signature: _____

Mailing Address: *(including City, State, & Zip Code)* _____

Telephone Number: _____

Bonding Agent License No: _____ Power of Attorney No.: _____

Defendant's Name: *(printed)* _____

Case Number: _____

- * **Bonding Agent Certification:** Agent, by executing this Bond, warrants and represents to the Court, under oath, and under penalty of perjury: **(1)** that agent is not currently in default in payment of any final judgment upon any bail bond forfeited in any Colorado jurisdiction; **(2)** that agent is duly licensed by the State of Colorado to execute this Bond; **(3)** that agent, if a non-cash agent, is currently appointed by the corporate surety whose power of attorney accompanies this Bond.

Surety/3rd Party Payer: *(other than Bail Bonding Agent)*

Signature: *(skip for online 3rd Party Payers)* _____

Print Name: _____

Mailing Address: *(including City, State, & Zip Code)* _____

Telephone Number: _____

Social Security Number: _____ ☐ Copy of identification included.

Note: The IRS requires that some Cash bonds over \$10,000 may require completion of IRS form 8300 by the court. Verification of cash surety identification and a social security number are required.

Verification by driver's license or passport is preferred but can occur through alien registration card or other official documents.

Executed and Acknowledged

By the above named in the presence of the undersigned at:

Name of court or facility where bond written: _____

By: Deputy Clerk/Sheriff *(As to Surety/Bonding Agent)* _____

Date: _____ Time: _____

By: Deputy Clerk/Sheriff *(As to Defendant)* _____

Date: _____ Time: _____