

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ _____ v. _____	<div style="text-align: center; font-weight: bold; margin-top: 100px;">▲ COURT USE ONLY ▲</div>
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Bond Number: _____ Division: _____
COMPENSATED SURETY REQUEST FOR A SHOW CAUSE HEARING	

BOND POSTED FOR: ☐ Defendant ☐ Respondent ☐ Plaintiff ☐ Petitioner ☐ Child

NAME OF PARTY (print or type): _____
First
Middle
Last
DOB

_____, Bail Bonding Agent

_____, Bail Insurance Company, if applicable.

COMES NOW _____, Bail Bonding Agent, and requests this Honorable Court to schedule a show cause hearing, so that said agent may appear and show cause why judgment should not be entered in the above mentioned matter, pursuant to C.R.S. 16-4-114(5)(b)(III).

RESPECTFULLY SUBMITTED (date) _____

☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

Bail Bonding Agent:

Address: _____

City, State & Zip: _____

CERTIFICATE OF SERVICE

I certify that on (date) _____, I served a copy of the Compensated Surety Request for a Show Cause Hearing, by personal service or postage prepaid, to the following:

Prosecuting Attorney:

Address: _____

City, State & Zip: _____

Bail Bonding Agent