

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ v.	▲ COURT USE ONLY ▲
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) _____

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