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| <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 Plaintiff 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.
 (Checking this box requires you to remove JDF number and copyright at the bottom of the 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