

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address:	
People of the State of Colorado v. Defendant: _____	▲ <b>Court Use Only</b> ▲
My Name and Address:  Phone Number: _____    FAX Number: _____ Email: _____    Atty. Reg.#: _____	Case Number: _____ Division: _____ Courtroom: _____
<b>Notice and Payment for Impounded Animals</b>	

I am giving notice that I have provided payment for my animals' care and board (*impoundment*) for at least 30 days to the Court. I am submitting this notice according to C.R.S. § 18-9-202.5.

**1. 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     Certified Funds

**2. My Information**

Full Name: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

I am the animals'     Owner     Custodian     Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Impound Information**

Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Animal Information**

I have *(enter number)* \_\_\_\_\_ animals impounded:

Their Name	Race/Breed	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. 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.

**6. Sign & Date**

Your Signature: \_\_\_\_\_ Dated: \_\_\_\_\_