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| County Court  District Court  Denver Juvenile Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, ColoradoCourt Address: State of ColoradovDefendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:  | Case NumberDivision Courtroom  |
| **NOTICE OF DIRECT PAYMENT OF RESTITUTION** **MOTION TO MODIFY RESTITUTION**  |

|  |  |
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| **Regarding: Victim Name:** |  |
| **Total Restitution Owed:** |  |
| **Total Restitution Interest Owed:** |  |

***Proof of payment must accompany this form for submission to the court.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Payment** | **Dollar Amount** | **Payment Type** | **Check/MO Number** | **Payor** |
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**If you are the victim in the case, select only one of the following:**

1.  I am continuing to collect on the remaining balance due directly from the defendant(s).

2.  I am no longer collecting from the defendant(s) as this restitution judgment, including any applicable interest, has been satisfied, either by payment in full or via a settlement agreement with the defendant. I certify that a copy of this notice has been filed with the District Attorney’s Office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado. Provided that the District Attorney’s Office has no objection, I am requesting that the court enter an order pursuant to §18-1.3-603(3), modifying the restitution and any accrued interest to reflect the same as I have reported as payment in full.

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|  |  |
| Date: | Signature of Victim |
| Address / Telephone Information is Optional | Address: |  |
|  | City: |  |
|  | State / Zip: |  |
|  | Telephone: |  |

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ a true and correct copy of this document was provided to the

Defendant  Victim  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County District Attorney’s Office, served by:

Personal Service (Affidavit of Service attached)  Personal Delivery Certified Mail Email Fax

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_\_\_, day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date) (month) (year) (city or other location, and state OR county)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name) Signature