

<input type="checkbox"/> County Court <input type="checkbox"/> District Court Boulder County, Colorado Court Address and Phone: <input type="checkbox"/> 1777 – 6 th Street P. O. Box 4249, <input type="checkbox"/> 1035 Kimbark Street Boulder, Co 80306 Longmont, CO 80501 (303) 441-3750 (720) 564-2522	
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PEOPLE OF THE STATE OF COLORADO
vs.

▲ COURT USE ONLY ▲

Attorney or Party Without Attorney (name, address & phone #)

Phone Number:
E-Mail:
FAX Number: Attorney Registration:

Case Number:
Division:
Courtroom:

REQUEST FOR BOND MODIFICATION(S)

If the defendant is under supervision while on bond this request must first be presented to the office providing that supervision.

Community Justice Services
 Probation/Intervention/RMOMS

Current bond conditions

<input type="checkbox"/> No Alcohol	<input type="checkbox"/> No Contact**	<input type="checkbox"/> Substance Abuse Monitoring
<input type="checkbox"/> No Drugs	<input type="checkbox"/> No Weapons	<input type="checkbox"/> Electronic Alcohol Monitoring
<input type="checkbox"/> Drug Testing	<input type="checkbox"/> No Driving w/out Valid License	<input type="checkbox"/> Electronic Home Monitoring
<input type="checkbox"/> Other/Explain: _____		

****A separate letter or motion must be filed if you are requesting a modification to a No Contact Order****

I request the following conditions be removed or modified from my bond:

<input type="checkbox"/> No Alcohol	<input type="checkbox"/> No Weapons	<input type="checkbox"/> Substance Abuse Monitoring
<input type="checkbox"/> No Drugs	<input type="checkbox"/> No Driving w/out Valid License	<input type="checkbox"/> Electronic Alcohol Monitoring
<input type="checkbox"/> Drug Testing		<input type="checkbox"/> Electronic Home Monitoring
<input type="checkbox"/> Reason for request: _____		

Defendant's signature: _____

Community Justice Services (CJS) Pre-trial Supervision Position: Approve Disapprove

Signature: _____ Email: _____ Date: _____

Comments: _____

District Attorney's Position: Approve Disapprove

Signature: _____ Email: _____ Date: _____

Comments: _____

Probation is being supervised by: Probation Intervention or RMOMS

Approve Disapprove

Signature: _____ Email: _____ Date: _____

Comments: _____

District Attorney's Position: Approve Disapprove

Signature: _____ Email: _____ Date: _____

Comments: _____

SO ORDERED: The Court **DENIES** the request. The Court **GRANTS** the request. The new required bond conditions are:

<input type="checkbox"/> No Alcohol	<input type="checkbox"/> No Weapons	<input type="checkbox"/> Substance Abuse Monitoring
<input type="checkbox"/> No Drugs	<input type="checkbox"/> No Driving w/out Valid License	<input type="checkbox"/> Electronic Alcohol Monitoring
<input type="checkbox"/> Drug Testing		<input type="checkbox"/> Electronic Home Monitoring
<input type="checkbox"/> Other/Explain: _____		

Date: _____ Judge/Magistrate _____