

Defendant's Name: *(printed)* _____

Case Number: _____

Party may not leave the state; No Weapons No Alcohol No Illegal Drugs+ No Driving Without a Valid License Random UA's Random BA's Daily BA's GPS Monitoring Substance Abuse Monitoring Electronic Substance Abuse Monitoring Electronic Home Monitoring

Pre-trial Supervision (contact information) _____

No Contact with _____

Other _____

Note: If the Party fails to comply with any of the conditions of this Bond, the Court may revoke the Party's release on bail, increase the amount of bail or modify bond conditions. This Bond will be forfeited if the party does not appear in Court as required by the primary bond condition.

+ **No Illegal Drugs:** This condition does not apply to use of medical marijuana for patients who possess a valid registry ID card under C.R.S. § 25-1.5-106(2)(e). C.R.S. § 16-4-105(6)(c).

Use of Cash Bond:

I consent and authorize the court to apply the cash bond deposited in this case to any and all court costs, restitution, fines, fees and surcharges owed by me at the time I am discharged from all liability under the terms of the bond. Any funds remaining must be returned to me as defendant at the address provided below.

I do not consent or authorize the court to apply the cash bond deposited in this case toward any amount owed by me.

Signatures:

_____ Party Signature _____ Mailing Address (including City, State, & Zip Code) _____ Telephone Number

_____ Bonding Agent Signature* (or Bonding Commissioner / Judge)

_____ Mailing Address (including City, State, & Zip Code) _____ Telephone Number

Bonding Agent License No: _____ Power of Attorney No.: _____

* **Bonding Agent Certification:** Agent, by executing this Bond, warrants and represents to the Court, under oath, and under penalty of perjury: **(1)** that agent is not currently in default in payment of any final judgment upon any bail bond forfeited in any Colorado jurisdiction; **(2)** that agent is duly licensed by the State of Colorado to execute this Bond; **(3)** that agent, if a non-cash agent, is currently appointed by the corporate surety whose power of attorney accompanies this Bond.

_____ Cash Surety (*Signature other than Bonding Agent*) _____ Print Name

_____ Mailing Address (including City, State, & Zip Code) _____ Telephone Number

Social Security Number: _____ Copy of identification included.

Note: The IRS requires that some Cash bonds over \$10,000 may require completion of IRS form 8300 by the court. Verification of cash surety identification and a social security number are required.

Verification by driver's license or passport is preferred but can occur through alien registration card or other official documents.

Defendant's Name: *(printed)* _____

Case Number: _____

Executed and Acknowledged

By the above named in the presence of the undersigned at:

(Name of court or facility where bond written.)

By: _____
Deputy Clerk/Sheriff *(As to Surety/Bonding Agent)*

By: _____
Deputy Clerk/Sheriff *(As to Defendant)*

Date: _____ Time: _____

Date: _____ Time: _____