|  |  |
| --- | --- |
| **Court**  District  County  Colorado County:  Court Address: | Court Use Only |
| Plaintiff:  v.  Defendant: |
| My Name:  Full Address:  Phone Fax:  Email: Bar Number:  *(For lawyers only)* | Case  Number:  Division:  Courtroom: |
| **Notice and Payment for Impounded Animals** | |

Please note that I provided payment to the court for my animals’ care and board *(impoundment)* for at least 30 days. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_