

Denver County Court, City and County of Denver, Colorado 520 W. Colfax Avenue, Room 160 Denver, Colorado 80204, 720-337-0410		▲ COURT USE ONLY ▲
The People of the State of Colorado and/or The People of the City & County of Denver V. Defendant:		
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:		Case Number: Division Courtroom
MOTION AND ORDER FOR RESTITUTION		

The People of the State of Colorado and/or the City and County of Denver hereby motions this Court to grant an Order of Restitution for:

Name _____ Amount \$ _____

Name _____ Amount \$ _____

Restitution must be paid in full by: _____ or in installments of \$ _____ per _____ commencing on _____ .

Date: _____ Signature _____ Atty. Reg. # _____

ORDER

The Court, after reviewing the Motion, hereby:

☐ **DENIES** the Motion

☐ **GRANTS** the Motion

FURTHERED ORDERED that if any scheduled payments are not made on time, within fifteen days of failing to make the payment, the defendant may be ordered to appear in the court and show cause, if any there be, why such payments have not been made. Defendant is also ordered to appear on any court dates that may be designated by the court through written notice sent to the defendant's last known address. Failure to make any payment, or to appear in court to explain why payments have not been made, or failure to appear on any future court dates shall be grounds for the issuance of a warrant for the arrest of the defendant. Further, defendant must keep the court advised at all times of defendant's current address.

Date: _____ County Court Judge/Magistrate

ONLY PAYMENTS BY CASH, CREDIT CARD OR MONEY ORDER, PAYABLE TO MANAGER OF FINANCE, WILL BE ACCEPTED. If mailing payment, write your **CASE NUMBER** on the **MONEY ORDER** and mail to:
Denver County Court
520 W Colfax Avenue, Room 160
Denver, CO 80204

COURT USE ONLY – NOT PUBLIC RECORD

Case Number _____

Defendant's Name _____

Date of Birth _____

Victim Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Victim Information

Name _____

Address _____

City _____ State _____ Zip Code _____