Denver County Court, City and County of Denver, Colorado				
520 W. Colfax Avenu	ie, Room 160	1437 Bannock Street, Room 135		
Denver, Colorado 80204, 720-337-0410 Denver, Colorado 80202, 720-865-7840			_	
The People of the City and County of Denver, State of Colorado				
<b>v</b> .				
Defendant:			▲COURT USE ONLY▲	
Attorney or Party Without Attorney (Name and Address):			Case Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg.	#:	Division	Courtroom
		WAIVER OF EXTRADITION		
Date of Birth, o				
mv own free will do h	erby voluntarily	agree and consent to return to the stat	e of Colorad	o as a prisoner to

my own free will do herby voluntarily agree and consent to return to the state of Colorado as a prisoner to answer the criminal charge currently pending against me. I certify I appeared before the Court and Judge who has signed below and at that time I received an advisement of the following rights:

- 1. To have bond set.
- 2. To demand and procure counsel.
- 3. To have counsel appointed to represent me if I so desire.
- 4. To test the legality of my arrest.
- 5. To contest extradition.
- 6. To apply for a Writ of Habeas Corpus as provided by law.

I do hereby waive all rights to contest extradition and consent to accompany an agent or authorized representative of the State of Colorado as a prisoner and hereby release such representative for any and all liability in connection therewith.

Date: \_\_\_\_\_

Defendant

I certify that \_\_\_\_\_\_ signed this Waiver of Extradition in my presence after an advisement of his/her rights and stated that he/she is the person named in the pending case. The defendant executed this waiver freely, voluntarily and without compulsion and with full knowledge of all rights provided by law.

Date: \_\_\_\_\_

Denver County Court Judge