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| Denver County Court, City and County of Denver, Colorado   520 W. Colfax Avenue, Room 160  1437 Bannock Street, Room 135  Denver, CO 80204, 720-337-0410 Denver, CO 80202, 720-865-7840  **VS.** | ▲COURT USE ONLY▲ |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg.#: | Case Number:  Arrest Number:  Warrant Number:  Bond Number:  Division Courtroom |
| CONSENT OF SURETY | |

BOND POSTED FOR:  Defendant  Respondent  Plaintiff  Petitioner  Child

NAME OF PARTY (print or type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last DOB

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print/type name of bail bonding agent) a

bail bonding agent, authorized to give this consent on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print/type name of bail insurance company from bond power of attorney, if applicable), consents as follows:

*(Check either box ‘A’ or ‘B’ below. This form may be used for only one type of consent.)*

* **A. REINSTATEMENT OR CONTINUANCE.** Consent is given for continuance or reinstatement of the party’s

appearance bond as follows: (Check one box below. This consent is void if more than one box in this section is checked.)

 (1) Reinstatement until entry of an order for deferred prosecution or deferred judgment, plea of guilty*, nolo*

*contendere* or conviction.

 (2) Continuance following conviction, but expiring upon the imposition of sentence.

 (3) Reinstatement until hearing set for (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (4) Agent acknowledges that the appearance date has been or will be rescheduled to (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Agent waives any requirement that the party

personally appear before the Court to request the new appearance date shown above.

* **B. PERMISSION TO LEAVE STATE.** Consent is given for party to leave the State of Colorado, subject to the terms

and conditions of the permission granted to the party by order of Court. (The following Acknowledgement and

Waiver must be signed by the party.)

**PARTY’S ACKNOWLEDGEMENT AND WAIVER:** I acknowledge my responsibility to meet all conditions of the appearance bond and all orders of this Court. In the event I leave Colorado, then with respect to any proceedings upon the appearance bond, I: (1) Waive extradition proceedings; (2) Agree to voluntarily return to custody in Colorado, and (3) Grant the undersigned agent irrevocable permission to transport me back to Colorado and to use such reasonable force as may be required to return me to this Court.

PARTY (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE:** This consent must be filed by the date and time ordered by the Court. Consent to reinstatement or continuation is void if this document is not filed with the Court within twenty-four (24) hours of the date and time of execution, shown below. If forfeiture proceedings are pending, this consent is conditional upon those proceedings being vacated by the Court.

EXECUTED BY BAIL BONDING AGENT: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bail Bonding Agent Signature Agent License/registration No.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Power of Attorney No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date bond executed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOTICE: *It is unlawful to charge a fee for a consent of surety*)