

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ _____ v.	<b>▲ COURT USE ONLY ▲</b>
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 _____
<b>SURETY REQUEST FOR A SHOW CAUSE HEARING</b>	

BOND POSTED FOR:     Defendant     Respondent     Plaintiff     Petitioner     Child

NAME OF PARTY (print or type): \_\_\_\_\_  
First                      Middle                      Last                      DOB

\_\_\_\_\_, Bail Bonding Agent

\_\_\_\_\_, Bail Insurance Company

COMES NOW \_\_\_\_\_, Bail Bonding Agent, and requests this Honorable Court to schedule a show cause hearing, so that said agent may appear and show cause why judgment should not be entered in the above mentioned matter, pursuant to C.R.S. 16-4-112(5)(b)(III).

RESPECTFULLY SUBMITTED (date) \_\_\_\_\_

Bail Bonding Agent:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on (date) \_\_\_\_\_, I served a copy of the Surety Request for a Show Cause Hearing, by personal service or postage prepaid, to the following:

Prosecuting Attorney:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

\_\_\_\_\_  
Bail Bonding Agent