

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ People of the State of Colorado v. Defendant: _____	COURT USE ONLY
	Case Number: _____ Division _____ Courtroom _____
NOTICE AND PAYMENT FOR COST OF CARE OF ANIMALS PURSUANT TO §18-9-202.5, C.R.S	

The purpose of this notice and payment is to provide for the cost of impoundment, care and provision of identified animal(s) in the custody of the impound agency for a period of at least 30 days, including the day on which the animal was taken into custody, pursuant to §18-9-202.5, C.R.S.

Payment Type: ☐ Cash ☐ Certified Funds

Payment Amount Determined by Impound Agency: \$ _____

Type of Animal(s): _____ Number of Animals impounded: _____
 (Note: Individual Animals must be identified on a separate document by name, brief description and/or other identifying characteristics).

Payment is for a period of 30 days and commences on _____ (date animal(s) was/were taken into custody).

Payment is made By: _____ (Full Name of Party) _____ (Date of Birth). ☐ Owner/Custodian ☐ Other

Name of Impound Agency: _____ Telephone Number: _____

Address: _____

By signing below, the Owner/Custodian affirms the following:

I hereby acknowledge that by making this payment it may prevent the disposition of the identified animal(s) and will be used for the impoundment, care of and provision for said animal(s) for thirty days commencing on _____ (date). If however, in the opinion of a licensed veterinarian, an animal is experiencing extreme pain or suffering or is severely injured past recovery, severely disabled past recovery, or severely diseased past recovery, the animal may be euthanized without court order pursuant to §18-9-202.5(2)(c), C.R.S.

I understand that the above payment must be filed within 10 days after impoundment, or in the alternative, I may request a hearing to determine (1) whether the costs set forth in this notice are fair and reasonable and necessary for the impoundment, care and provision of said animal(s); and/or (2) whether there was sufficient probable cause for the impoundment. If probable cause is found at the hearing, I will be responsible for filing the payment for costs at the hearing. I understand that failure to pay the impoundment, care and provision costs may result in a forfeiture of my ownership rights to the said animal(s).

I further understand that at the end of the time for which expenses are covered by the payment, if I wish to prevent disposition of the animals(s), I shall file a new payment with the Court within ten (10) days prior to the previous payment's expiration.

Date: _____

 Signature of Defendant Owner/ Custodian

Address

 City, State, Zip Code

 (Area Code) Telephone Number (home)

Executed and acknowledged by the above-named in the presence of the undersigned.

Date: _____

 Clerk of Court/Deputy Clerk