

<input type="checkbox"/> County Court <input type="checkbox"/> District Court    Boulder County, Colorado Court Address and Phone: <input type="checkbox"/> 1777 – 6 <sup>th</sup> Street P. O. Box 4249, <input type="checkbox"/> 1035 Kimbark Street Boulder, Co 80306    Longmont, CO 80501 (303) 441-3750    (720) 564-2522	
PEOPLE OF THE STATE OF COLORADO vs.	<b>▲ COURT USE ONLY ▲</b>
Attorney <b>or</b> Party Without Attorney ( <b>name, address &amp; phone #</b> )  <b>Phone Number:</b> <b>E-Mail:</b> FAX Number:                      Attorney Registration:	Case Number:  Division:  Courtroom:
<b>REQUEST TO LEAVE THE STATE/COUNTRY</b> If the defendant is under supervision this request must first be presented to the office providing that supervision. <input type="checkbox"/> Community Justice Services <input type="checkbox"/> Probation/Intervention/RMOMS	

Defendant wishes to leave the state/country and will be gone from: \_\_\_\_\_ to \_\_\_\_\_.

Reason for request: \_\_\_\_\_.

While gone, Defendant can be reached at:  
Address \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Defendant's signature: \_\_\_\_\_

**\*\*If you posted your bond with a professional surety bondsperson, you must attach a consent of surety to this request\*\***

**Community Justice Services (CJS) Pre-trial Supervision Position:**  Approve     Disapprove  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

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**District Attorney's Position:**  Approve     Disapprove      Waiver of extradition:  Previously signed **or**  Required  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

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**Probation is being supervised by:**  Probation     Intervention or  RMOMS  
 Approve     Disapprove  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

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**District Attorney's Position:**  Approve     Disapprove      Waiver of extradition:  Previously signed **or**  Required  
Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

**SO ORDERED:**  The Court **DENIES** the request.     The Court **GRANTS** the request.    Bond conditions during travel are:

<input type="checkbox"/> No Alcohol	<input type="checkbox"/> No Contact	<input type="checkbox"/> Substance Abuse Monitoring
<input type="checkbox"/> No Drugs	<input type="checkbox"/> No Weapons	<input type="checkbox"/> Electronic Alcohol Monitoring
<input type="checkbox"/> Drug Testing	<input type="checkbox"/> No Driving w/out Valid License	<input type="checkbox"/> Electronic Home Monitoring
<input type="checkbox"/> Other/Explain: _____		

Date: \_\_\_\_\_ Judge/Magistrate \_\_\_\_\_