

Kiosk Payment Instructions

1



Boulder County Community Justice Services
PayPort Online Service

Select Service Type

* Denotes a Required Field

* Select Service Type

Please Select
Please Select
Community Service
Day Reporting
Fast Track
Home Monitoring
ROC
Work Release

Policies

Select Service Type -
Community Service
Day Reporting
Fast Track
Home Monitoring
ROC
Work Release

Click Continue

2



Boulder County Community Justice Services
PayPort Online Service

Enter Service Details

Day Reporting Daily Fee

* Denotes a Required Field

* Client Name/Nombre del Cliente(example: First Middle Last/Nombre Apellido Materno)

* Client DOB/Fecha De Nacimiento(example: 12/31/2025)

* Case Number/Numero De Caso

* Price (example: 50.00)

\$ 8.00

Continue Cancel

Enter -
Client Name, Date of Birth,
Docket/Case Number
Payment Amount

Click Continue

3



Official State Web Portal

Complete all required fields (*)

Country *

United States

Full Name *

Company Name

Address *

Address 2

City *

State *

Select State

ZIP/Postal Code *

Phone Number *

Email *

Next >

Enter -
Name, Address,
Phone, Email

Click Next

4

Payment Information

Complete all required fields (*)

Credit Card Number *

Credit Card Type

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Expiration Month *

Expiration Year *

Select a Month

Select a Year

Security Code *

Name on Credit Card *

☒ Payment Address is the same as Customer Information *

Next >

Verification

☐ I'm not a robot



Cancel

Submit Payment

Enter -
Credit Card Information
Validate "I'm not a robot"
Verify all information

Click Submit Payment

5

☐ Save my information by creating a My Account profile.

☐ Check here to set up reminders for future payments after you complete the current payment.

*Docket/Case Number:

*Division Number:

*Date of Birth:

COUNTY COURT, BOULDER COUNTY, COLORADO

County Address: Boulder Justice Center
1777 Sixth St. P.O. Box 4249
Boulder, CO 80306-4249
Phone Number: 303-441-3750

* COURT USE ONLY *

Case Number:

Division:

SENTENCE ORDER

Defendant:
Court

Date of Birth:
Class Plan

Finding



COMMUNITY JUSTICE SERVICES
Justice Center: 1777 6th Street, BOULDER, CO 80302
1035 Kimbark, Second Floor, LONGMONT, CO 80501

REFERRAL TO BEGIN COMMUNITY SERVICE

HOME/CELL PHONE:

WORK PHONE:

STATUTE # (not case #):

OFFENSE:

COURT DOCKET #: DIV: SENTENCING DATE:

NUMBER OF HOURS: COMPLETION DEADLINE: ☒ OR AS SET BY CJS

LENGTH OF PROBATION SENTENCE: 3 years PROBATION TERM DATE:

☐ HISTORY OF VIOLENCE?

☐ HISTORY OF COURT-ORDERED OFFENSE SPECIFIC TREATMENT?

The docket/case number
and division number can be
found on your court
paperwork
(see examples highlighted in
yellow)

Instrucciones de Cabina de Pago

1

Boulder County Community Justice Services
PayPort Online Service

Select Service Type

* Denotes a Required Field

* Select Service Type

Please Select

Please Select

Community Service

Day Reporting

Fast Track

Home Monitoring

ROC

Work Release

Seleccione el tipo de programa -
Servicio Comunitario
Reporte Diario
Vía Rápida
Monitoreo Domiciliario
ROC (programa especial)
Libertad de Trabajo

Y haga clic en Continuar

2

Boulder County Community Justice Services
PayPort Online Service

Enter Service Details

Day Reporting Daily Fee

* Denotes a Required Field

* Client Name/Nombre del Cliente(example: First Middle Last/Nombre Apellido Materno)

* Client DOB/Fecha De Nacimiento(example: 12/31/2025)

* Case Number/Numero De Caso

* Price (example: 50.00)

\$ 8.00

Continue Cancel

Ingresa -
Nombre del client, Su fecha de nacimiento, El número de caso, La cantidad a pagar

Y haga clic en Continuar

3

COLORADO
Official State Web Portal

Country *

United States

Full Name *

Company Name

Address *

Address 2

City *

State *

ZIP/Postal Code *

Phone Number *

Email *

Next >

Ingresa -
Nombre, Dirección, Teléfono, Correo electrónico

Y haga clic en Siguiente

4

Payment Information

Credit Card Number *

Credit Card Type

Expiration Month *

Expiration Year *

Select a Month

Select a Year

Security Code *

Name on Credit Card *

☒ Payment Address is the same as Customer Information *

Next >

Verification

☐ I'm not a robot

Cancel

Submit Payment

Ingresa -
Información de la tarjeta de crédito
Validar "No soy un robot"
Verificar toda la información

Y haga clic en Enviar Pago

5

☐ Save my information by creating a My Account profile.

☐ Check here to set up reminders for future payments after you complete the current payment.

* Docket/Case Number:

* Division Number:

* Date of Birth:

COUNTY COURT, BOULDER COUNTY, COLORADO

Court Address: Boulder Justice Center
1777 Sixth St. P.O. Box 4249
Boulder, CO 80306-4249
Phone Number: 303-441-3750

CASE NUMBER: [Yellow Box]

DIVISION: [Yellow Box]

SENTENCE ORDER

Defendant: Court

Date of Birth: [Yellow Box]

Class: [Yellow Box]

Finding: [Yellow Box]

Boulder County

COMMUNITY JUSTICE SERVICES

Justice Center: 1777 6th Street, BOULDER, CO 80302
1035 Kimbark, Second Floor, LONGMONT, CO 80501

REFERRAL TO BEGIN COMMUNITY SERVICE

HOME/CELL PHONE: WORK PHONE:

STATUTE # (not case #): OFFENSE:

COURT DOCKET #: [Yellow Box] DIV: [Yellow Box] SENTENCING DATE:

NUMBER OF HOURS: COMPLETION DEADLINE: ☒ OR AS SET BY CJS

LENGTH OF PROBATION SENTENCE: 3 years PROBATION TERM DATE:

☐ HISTORY OF VIOLENCE? ☐ HISTORY OF COURT-ORDERED OFFENSE SPECIFIC TREATMENT?

El número de caso y el número de división se encuentran en sus documentos de la corte (vea los ejemplos resaltados en amarillo)