

**NOTES ON USE: DO NOT SEND THIS FORM, UNLESS THE COURT PREVIOUSLY SENT AN ORDER TO THE DIVISION OF INSURANCE**

_____ County, Colorado <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ Municipal Court, Colorado Court address: _____ Phone Number : _____  <b>VS.</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg #: _____	▲ <b>COURT USE ONLY</b> ▲ Case Number: _____ Arrest Number: _____ Warrant Number: _____ Bond Number: _____ Division _____ Courtroom _____
<b>NOTICE TO DIVISION OF INSURANCE OF EXONERATION OF COMPENSATED SURETY</b>	

BOND POSTED FOR:  Defendant  Respondent  Plaintiff  Petitioner  Child

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

RE: POWER OF ATTORNEY # \_\_\_\_\_

THE COURT FINDS that:

1. On (date) \_\_\_\_\_, the court ordered the Division of Insurance to commence proceedings pursuant to C.R.S. 12-7-103(3), with respect to a bail bond posted on (date) \_\_\_\_\_, in the amount of \$ \_\_\_\_\_. The bond was executed and posted in this action by a licensed Colorado bail bonding agent, as agent for a bail insurance company \*.
2. On (date) \_\_\_\_\_, said compensated surety or sureties were removed from the board by reason of the following:
  - The bond judgment which was the subject of the Order was vacated and/or set aside by this court; or
  - The judgment was satisfied and the Clerk of this Court has issued a full satisfaction of the judgment against the bail bonding agent and surety company \*.

THIS COURT'S prior order to the Division of Insurance to commence proceedings pursuant to C.R.S. 12-7-103(3) is hereby vacated and set aside.

BY THE COURT:

DATE: \_\_\_\_\_  
\*Strike if inapplicable \_\_\_\_\_  
Judge

**CERTIFICATE OF SERVICE**

I certify that on (date) \_\_\_\_\_, I served a copy of the NOTICE TO DIVISION OF INSURANCE OF EXONERATION OF COMPENSATED SURETY by personal service or regular mail, postage prepaid, to the following:

\_\_\_\_\_  
(Bail Bonding Agent)  
 Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_

\_\_\_\_\_  
(Bail Insurance Company)  
 Address: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Division of Insurance  
 c/o Bail Bond Investigations  
 Department of Regulatory Agencies  
 1560 Broadway, Suite 850, Denver, CO 80202

CLERK OF THE COURT

\_\_\_\_\_  
Deputy Clerk