□ County Court       □ District Court       Boulder County, Colorado         Court Address and Phone:       □       1035 Kimbark Street         Boulder, Co 80306       □       Longmont, CO 80501	
(303) 441-3750 (720) 564-2522 PEOPLE OF THE STATE OF COLORADO	
vs.	A
	▲COURT USE ONLY▲
Attorney or Party Without Attorney (name, address & phone #)	Case Number:
Phone Number:	Division:
E-Mail:	Courtroom:
FAX Number: Attorney Registration:	
REQUEST TO LEAVE THE STATE/COUNTRY         If the defendant is under supervision this request must first be presented to the office providing that supervision.         □ Community Justice Services         □ Probation/Intervention/RMOMS	
Defendant wishes to leave the state/country and will be gone from:	to
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**
**If you posted your bond with a professional surety bondsperson,         Community Justice Services (CJS) Pre-trial Supervision Posi         Signature:	you must attach a consent of surety to this request** tion:  Approve  Disapprove
Community Justice Services (CJS) Pre-trial Supervision Posi	you must attach a consent of surety to this request**         tion: □Approve □ Disapprove □ Disapprove □ Disapprove □ Date:
Community Justice Services (CJS) Pre-trial Supervision Posi Signature: Email: Comments:	you must attach a consent of surety to this request** tion:  Approve Disapprove Date:
Community Justice Services (CJS) Pre-trial Supervision Posi         Signature:          Comments:          District Attorney's Position:       Approve       Disapprove         Wait       Signature:	you must attach a consent of surety to this request** tion:  Approve Disapprove Date:
Community Justice Services (CJS) Pre-trial Supervision Position:         Signature:       Email:         Comments:       Image: Comment Signature:         Comments:       Email:         Comments:       Email:         Comments:       Email:	you must attach a consent of surety to this request**         tion: □Approve □ Disapprove □ Disapprove         Date:         ver of extradition: □Previously signed or □Required         Date:
Community Justice Services (CJS) Pre-trial Supervision Posi         Signature:       Email:         Comments:       Email:         District Attorney's Position:       Approve         Disapprove       Wai         Signature:       Email:         Comments:       Email:         Probation is being supervised by:       Probation	you must attach a consent of surety to this request**         tion: □Approve □ Disapprove □ Disapprove         Date:         ver of extradition: □Previously signed or □Required         Date:
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Community Justice Services (CJS) Pre-trial Supervision Posision         Signature:          Comments:          District Attorney's Position:       Approve       Disapprove         Wait       Signature:	you must attach a consent of surety to this request**         tion: □Approve □ Disapprove Date:
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