

_____ COURT, COUNTY OF _____, STATE OF COLORADO
CASE NO.: _____ COURTROOM/DIVISION: _____

VERIFICATION OF CUSTODY / PRISONER RECEIPT

NAME OF DEFENDANT: _____

DATE OF BIRTH: _____

DATE OF RECEIPT/VERIFICATION: _____

BONDING AGENT: _____

CASE NUMBER: _____

CHARGES: FTA

THIS IS TO ACKNOWLEDGE/ VERIFY CUSTODY OF THE ABOVE NAMED DEFENDANT.

LOCATION OF CUSTODY:

- DENVER CITY/COUNTY JAIL
- BOULDER CITY/COUNTY JAIL
- OTHER:

VERIFIED BY: _____ BADGE NUMBER: _____

DEPARTMENT: _____