

COMPANY	Sun Surety Insurance Company P.O. Box 2373, Rapid City, SD 57709-2373 Tel (605) 348-1000 • Fax (605) 348-0778		AGENT	AGENT NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE STAMPED HERE: Gabriel Armenta P.O. Box 556, Broomfield, CO 80038 303-635-2245 161476	
Description of Bail Bond				RECEIPT # 005030	
DEFENDANT LAST NAME Esquivel		DEFENDANT FIRST NAME Andres		DEFENDANT MIDDLE NAME	
BOND AMOUNT \$10,000.00		CASE NUMBER (IF KNOWN) 111701135		COURT NAME	
				POWER OF ATTORNEY NUMBER SS-15-08895	
RECEIPT is acknowledged on this 29 day of July , 20 11 of the money, property and/or documents described below: \$ 540 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card If applicable, check more than one box: <input type="checkbox"/> Promissory Note <input type="checkbox"/> Trust Deed <input type="checkbox"/> Request for Release of Trust Deed <input type="checkbox"/> Title Document <input type="checkbox"/> Other Property					
Supplemental description of documents or items tendered:					
Check as applicable	PREMIUMS, FEES & EXPENSE <input checked="" type="checkbox"/> Bail Premium: \$ 4,000.00 <input checked="" type="checkbox"/> Jail or Court Posting Fee: \$ 40.00 <input checked="" type="checkbox"/> Installment Payment \$ 500 <input type="checkbox"/> Premium Refund \$ _____ <input type="checkbox"/> Bail Recovery, Cost/Expense \$ _____ <input type="checkbox"/> Collateral Storage, Cost/Expense \$ _____ <input type="checkbox"/> Refund Overpayment \$ _____ <input type="checkbox"/> Collect Underpayment \$ _____		COLLATERAL <input type="checkbox"/> Collateral - Initial Tender <input type="checkbox"/> Collateral - Increase <input type="checkbox"/> Collateral - Decrease <input type="checkbox"/> Collateral - Substitution/Exchange <input type="checkbox"/> Collateral - Refund of Monies <input type="checkbox"/> Collateral - Return of Property <input type="checkbox"/> Collateral - Document Cancellation		CHECK REASON, IF APPLICABLE <input type="checkbox"/> Supplemental receipt during initial underwriting <input type="checkbox"/> Bond Not Posted/Cancelled/Returned <input type="checkbox"/> Bond Revoked <input type="checkbox"/> FTA <input type="checkbox"/> Bond Forfeited <input type="checkbox"/> Remission Granted <input type="checkbox"/> Bond Exonerated <input type="checkbox"/> Refund Order <input type="checkbox"/> Other (describe): _____
RECEIPT FROM: Person tendering money, property or documents		INSERT INDEMNITOR CONTACT INFORMATION IF RECEIPT IS FROM THE INDEMNITOR. IF FROM AGENT, SEE ABOVE ADDRESS. Josita Berriel 07-29-11			
RECEIPT TO: Person receiving money, property or documents		INSERT INDEMNITOR CONTACT INFORMATION IF RECEIPT IS GIVEN TO INDEMNITOR. IF GIVEN TO AGENT, SEE ABOVE ADDRESS. Salvador A. La			
PREMIUM ADVISORY NOTICE (applicable if providing this receipt for premium): If a refund is ordered by the Court after the bond is posted, premium will be returned in the amount and within the time specified by the court order. If the bail bond is not posted within twenty four hours, as required by law, all monies paid to the agent must be returned within forty eight hours.					
COLLATERAL ADVISORY NOTICE (applicable if this receipt is for collateral). Property or cash tendered as collateral is for the express purpose of assuring Defendant's compliance with the conditions of the Bail Bond and to assure that Sun Surety Insurance Company and the Agent will sustain no loss, damage or expense whatsoever in connection with its issuance and posting of the Bail Bond. All collateral tendered, if any, will be separately held, without use, except as expressly provided herein. Collateral will be returned after the Surety receives a Certificate of Discharge, or a true copy the court order releasing and discharging the Bail Bond. It is Indemnitor's responsibility to provide Surety with this documentation. Collateral will be return within ten (10) working days Trust Deeds will be returned thirty (30) working days. It is your responsibility to provide a Certificate of Discharge, or a true copy the Court order releasing and discharging the Bail Bond at the address of the Agent, shown above. Any person hereby acknowledging receipt for collateral acknowledges that the Agent provided Indemnitor with a signed original Collateral Receipt that accurately describes the collateral and its condition when received by the Agent. Collateral will only be returned to the same person who pledged the collateral. All requests for the return of collateral should be accompanied by the original Collateral Receipt signed by the Agent who received the collateral. Surety is entitled to an originally executed receipt for all returned collateral. Thirty (30) days after entry of a bond forfeiture order by the court Surety may use, sell or otherwise liquidate collateral, in a reasonable manner, to satisfy losses sustained as a result of the issuance of the Bail Bond.					
IS REAL PROPERTY BEING TAKEN AS COLLATERAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> [check one]. The following disclosure is applicable <u>only</u> if "yes" is checked: <div style="text-align: center;"> DISCLOSURE OF LIEN AGAINST REAL PROPERTY DO NOT SIGN THIS DOCUMENT UNTIL YOU READ AND UNDERSTAND IT! "This bail bond will be secured by real property you own or in which you have interest. Failure to pay the bail bond premiums when due or the defendant's failure to comply with the conditions of bail could result in the loss of your property!" </div>					
INDEMNITOR SIGNATURES X Josita Berriel 07-29-11 X			AGENT SIGNATURE (§12-7-108, CRS) X Salvador A. La X		

COMPANY

Sun Surety Insurance Company

 P.O. Box 2373, Rapid City, SD 57709-2373
 Tel (605) 348-1000 • Fax (605) 348-0778

AGENT

AGENT NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE STAMPED HERE:

 Gabriel Armenta
 P.O. Box 556, Broomfield, CO 80038
 303-635-2245
 161476

BAIL CONTRACT

THIS IS A BINDING LEGAL AGREEMENT. READ BOTH SIDES CAREFULLY! YOU MAY WISH TO CONSULT AN ATTORNEY.

DO NOT SIGN THIS AGREEMENT UNTIL YOU UNDERSTAND ALL OF ITS CONTENTS

NO FIRME ESTE CONTRATO HASTA QUE LO HAYA LEÍDO CUIDADOSAMENTE Y ENTENDER TODOS SUS CONTENIDOS

THIS BAIL CONTRACT AND AGREEMENT OF INDEMNITY ("Contract") is entered into between Sun Surety Insurance Company ("Sun Surety"), through a Bail Bonding Agent as that term is defined by §12-7-101.1, C.R.S ("Agent"), collectively known as the "SURETY" and the undersigned co-signer, guarantor, third-party indemnitor, defendant and/or applicant ("Indemnitor"). Indemnitor has applied to SURETY for a bail bond, also known as an appearance bond ("Bond"), which undertaking by SURETY is incorporated herein as though fully set forth and is described as follows:

All information must be supplied, if available.

DEFENDANT (THE PERSON WHO MUST APPEAR IN COURT) <i>Andres Esquivel</i>	BAIL BOND AMOUNT <i>10,000</i>
COURT NAME (WHERE CHARGES PENDING - DEFENDANT MUST APPEAR) <i>Jefferson</i>	COURT CASE NUMBER
BAIL BONDING AGENT NAME <i>Gabe Armenta</i>	BAIL AGENT LICENSE NO. <i>161476</i>
BOND PREMIUM \$ <i>1,000</i>	FILING FEE (COURT / JAIL POSTING AND FILING FEES PAID BY POSTING AGENT) \$ <i>40.00</i>
COLLATERAL AMOUNT \$ <i>None</i>	COLLATERAL DESCRIPTION <i>N/A</i>

Translation Request - solicitud de traducción. ☐ (✓ - check box if translation is required) (✓ - marque la casilla si se requiere traducción)
 Si no puede leer ni entender inglés, favor de marcar este cuadro. (If you cannot read or understand English, please check this box.) If box is checked the following must be completed:

Translation Certification. The undersigned translator makes this affidavit and hereby certifies, under penalty of perjury, that he/she read verbatim and translated this entire document, and all related bond application documents including disclosures, promissory notes, security instruments and trust deeds, to the Indemnitor (s) signing below in his/her primary language.

TRANSLATOR: _____ (signature) _____ (print name) DATE: _____

Translator's address: _____

Confirmo por firmar con mis iniciales que este contrato ha sido traducido completamente a mi satisfacción.
 (I confirm by my affixing my initials that this contract has been translated to my satisfaction)

Indemnitor Initials/Indemnizador Iniciales: _____

FOR VALUABLE CONSIDERATION the receipt and sufficiency of which is hereby acknowledged, Indemnitor agrees as follows:

- Appearance in Court by Defendant is Mandatory. Indemnitor will cause the Defendant to physically appear before the court on the date and at the time required each and every time the Defendant is required to appear.
- Indemnity and Reimbursement. Indemnitor agrees to reimburse SURETY for all loss, damage and expense incurred by reason of executing and posting the Bond. Indemnitor agrees to indemnify and hold SURETY harmless from all forfeitures, forfeiture judgments, demands, suits, and court proceedings related thereto, including attorney's fees and expenses incurred by SURETY with respect thereto, and from all damage, loss and expense, of any nature whatsoever, that SURETY may sustain as a consequence of having posted the Bond and any continuation, extension, alteration or replacement thereof, plus interest at the rate of eighteen (18%) percent per annum. Indemnitor further agrees to pay all costs and expenses of apprehending or attempting to apprehend and return the Defendant to custody, including but not limited to fees and expenses of bail recovery agents and services.
- Collateral. All collateral tendered to SURETY by Indemnitor is tendered as security to assure the SURETY that the Defendant will comply with the conditions of the Bond and that the SURETY will sustain no losses or expenses. All collateral will be separately held by SURETY, without use, except as provided herein. SURETY is under no obligation to allow the substitution of new or different collateral for the collateral originally tendered by Indemnitor. Substitution of collateral is at the sole discretion of the SURETY.
- Real Property Pledged as Security. A promissory note, secured by a deed of trust in real property ☐ HAS ☒ HAS NOT [check one] been pledged as security for losses that may be sustained by the SURETY.

I agree to the above terms and conditions, and further understand that there are additional terms and conditions on the back side of this document.

<i>[Signature]</i> INDEMNITOR SIGNATURE	<i>[Signature]</i> INDEMNITOR SIGNATURE	<i>[Signature]</i> BAIL AGENT SIGNATURE PER C.R.S. 12-7-108	<i>7-29-11</i> DATE
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COMPANY	Sun Surety Insurance Company	AGENT	<small>AGENT NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE STAMPED HERE:</small> Gabriel Armenta P.O. Box 556, Broomfield, CO 80038 303-835-2245 161476
	P.O. Box 2373, Rapid City, SD 57709-2373 Tel (605) 348-1000 • Fax (605) 348-0778		<small>*If the agent's address is a PO Box, you may deliver any bond release documentation to the Sun Surety Insurance Co.</small>

DISCLOSURE STATEMENT

Power of attorney # from Surety Co. (if applicable/available):	<u>55-15-08895</u>
Name of the Defendant:	<u>Andres Esquivel</u>
Amount of Bail:	<u>10,000</u>
Amount of Premium Charged:	<u>1,000</u>
Name of Third Party Indemnitor:	<u>Jobita Berriel</u>
Amount of Collateral:	<u>None</u>
Description of Collateral:	<u>N/A</u>
Court in which the bond is executed:	<u>Tefferson</u>

RE: COLLATERAL

In order to receive a return of your collateral from your bail bonding agent **you must deliver a copy of the court order resulting in a release of the bond by the court to the bail bonding agent or the surety company.** Pursuant to § 12-7-109(1)(d.5), C.R.S., your collateral must be returned within ten working days of such delivery to your bail bonding agent or the surety company. Pursuant to § 16-4-104(3)(a)(IV), C.R.S., your reconveyance of title, certificate of discharge, or a full release of any lien shall be provided within 30 days after receiving notice that the time for appealing an order that exonerated the bail bond has expired.

Bail bonding agents are regulated by the Colorado Division of Insurance. TO ENSURE THE PROMPT RETURN OF YOUR COLLATERAL, THE DIVISION RECOMMENDS YOU HAND DELIVER THE COURT'S (BOND DISCHARGE/BOND RELEASE) TO THE BAIL BONDING AGENT. GET A RECEIPT FROM THE BAIL BONDING AGENT SHOWING THE DATE YOU DELIVERED THE DISCHARGE/RELEASE. If you deliver the bond discharge/release to the bail bonding agent by mail, it is suggested to use certified mail, return receipt requested, with another certified mail copy to the Surety Company. YOU SHOULD RETAIN A COPY OF ALL DOCUMENTS RELATED TO THIS BAIL BOND. Please go to the Division's website at www.dora.state.co.us/insurance and click on the tab on the left of the web page titled "bail bonding information", scroll down and click on "a publication on Bail Bond" scroll down and click on "Your Guide to Bail Bonds in Colorado" for more information on your rights as a consumer.

Pursuant to § 12-7-108(10)(a), C.R.S. (2004) enacted in House Bill 04-1260, the bail bonding agent, with your consent, may use your collateral to secure the following obligations:

- compliance with the bond issued on behalf of the defendant (which may include costs associated with recovering the defendant should the defendant fail to appear for any court appearance associated with this bond if the court revokes the defendant's bond);
- any balance due on the premium, commission, or fee for the bond; and
- any related costs incurred by the agent as a result of issuing the bond.

READ YOUR EXECUTED AGREEMENT WITH THE BAIL BONDING AGENT CAREFULLY. BE SURE YOU UNDERSTAND ALL OF THE TERMS YOU ARE AGREEING TO.

I have read and understood this Disclosure Statement and consent that the bail bonding agent in this matter may use my collateral to secure the above obligations.

I certify that the terms of this Disclosure Statement as it pertains to collateral are not inconsistent with the Executed Bail Agreement in this matter.

x Jobita Berriel 11-29-11
INDEMNITOR SIGNATURE DATE

x Gabriel Armenta 11-29-11
Bail Agent Signature Date

COMPANY	Sun Surety Insurance Company P.O. Box 2373, Rapid City, SD 57709-2373 Tel (605) 348-1000 • Fax (605) 348-0778	AGENT	AGENT NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE STAMPED HERE: Gabriel Armenta P.O. Box 556, Broomfield, CO 80038 303-635-2245 161476

BAIL BOND PREMIUM INSTALLMENT PAYMENT PLAN*

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT CAREFULLY AND UNDERSTAND ALL OF ITS CONTENTS

NO FIRME ESTE PLAN DE PAGO EN CUOTAS HASTA QUE LO HAYA LEÍDO CUIDADOSAMENTE Y ENTENDER TODOS SUS CONTENIDOS

This is an Agreement and Installment Plan for payment of the remaining premium due to the Bail Bonding Agent ("Agent") for the issuance and posting of the bail bond described below. The receipt and sufficiency of consideration is acknowledged by the undersigned Guarantor.

Defendant Name	Bail Bond Amount	Court and Case #
Andres Esquivel	10,000	Teferson
Bail Bond Premium	\$ 1,000 00	
Filing Fee Paid by Agent	\$ 40 00	
Total Due:	\$ 1,040 00	
Amount Paid Today	\$ 540 00	
Balance Owed	\$ 500 00	

[RECEIPT OF THIS PAYMENT WAS ACKNOWLEDGED ON RECEIPT AND POWER NO: _____]

1. **Payment Plan.** The undersigned Guarantor(s) agree to pay the Balance Owed according the following Payment Plan:

Payment #1: Amount of payment \$ 500 00 Date payment due: 8-6-11
Payment #2: Amount of payment \$ _____ Date payment due: _____
Payment #3: Amount of payment \$ _____ Date payment due: _____
Payment #4: Amount of payment \$ 140 00 Date payment due: _____

2. **Payment Address.** Each installment payment must be made on the date due payable to Agent at the above address.

3. **Default.** Any failure to make a payment or comply with a provision of this agreement shall constitute a breach of the entire agreement. The undersigned indemnitors are jointly and severally liable under this agreement.

4. **Bad Checks.** If any payment required by this agreement is returned for insufficient funds, stopped, payment refused for any reason upon presentment to a financial institution, this agreement shall be in default and undersigned guarantors will be liable for all costs of collection, handling fees, damages, reasonable attorney's fees and penalties allowed by Colorado law.

5. **Bond Revocation.** In the event any payment required by this agreement is not made to Agent on the date it is due, the bail bond may be REVOKED IMMEDIATELY.

6. **No Termination upon Revocation.** All obligations of the undersigned guarantors remain in full force and are not terminated, modified or otherwise affected: (a) by revocation of the bail bond; (b) by any change in the status of the bail bond, or the surety's liability thereunder; (c) by any change in the status of court proceedings for which the bail bond was posted; or (d) by any change in whereabouts or status of the Defendant.

7. **Modification In Writing.** No waiver, alteration or modification of this Agreement is enforceable unless in writing and agreed by the Agent.

8. **No Waiver.** The failure of the Agent to enforce any provision of this agreement, or to declare a default hereunder, shall not be construed as a waiver of the Agent's entitlement to payment; shall not be construed as a waiver or modification of the terms hereof; nor shall it impair the right of the Agent to declare a default or to strictly enforce the terms of this agreement.

9. **Attorneys Fees and Costs.** In the event of a default the undersigned guarantors agree to pay reasonable attorney fees and expenses and all costs of collection.

10. **Copy Received.** The undersigned acknowledge receipt of copy of this Agreement.

x Josita Becnel 07/29/11 1x [Signature] 17-29-11
GUARANTOR SIGNATURE GUARANTOR SIGNATURE BAIL AGENT SIGNATURE PER C.R.S. 12-7-108 DATE

Translation Request - solicitud de traducción. ☐ (✓ - check box if translation is required) (✓ - marque la casilla si se requiere traducción) Si no puede leer ni entender inglés, favor de marcar este cuadro. (If you cannot read or understand English, please check this box.) If box is checked the following must be completed:

Translation Certification. The undersigned translator makes this affidavit and hereby certifies, under penalty of perjury, that he/she read verbatim and translated this entire document, and all related bond application documents including disclosures, promissory notes, security instruments and trust deeds, to the Indemnitor (s) signing below in his/her primary language.	
TRANSLATOR: _____ (signature)	DATE: _____ (print name)
Translator's address: _____	
Confirmo por firmar con mis iniciales qu este plan de pago en cuotas ha sido traducido completamente a mi satisfacción. (I confirm by my affixing my initials that this contract has been translated to my satisfaction)	
Initials/Iniciales: _____	

*This is an unsecured agreement. This form is not to be used for any premium payment plan secured by real property. Premium payment plans shall not be secured by the same real property pledged as security for the bail bond forfeiture. Copies of all premium payment plan documents involving real estate taken as collateral must be sent to Sun Surety Insurance Company at PO Box 2373, Rapid City, SD 57709-2373. Agent confirms that all premium due Sun Surety on the subject bond has been paid, or will be paid to Sun Surety in due course, irrespective of any payment plan between the Guarantor and Agent.

*** ERROR TX REPORT ***

TX FUNCTION WAS NOT COMPLETED

TX/RX NO 0427
DESTINATION TEL # 8014473881
DESTINATION ID
ST. TIME 07/31 19:03
TIME USE 00'00
PAGES SENT 0
RESULT NG #0018 BUSY/NO SIGNAL

Fax

To: Ms Diane Kunudson From: Andres Esquivel - Jobita B.

Fax: 801 447-3881 Date: 7/30/11

Fax: 801 447 3800 Pages: 7

Re: Bail Case # 111701135 cc: 2nd district Court formation utah 84025

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Reply

Comments:

The information contained in this fax is confidential. If you are not the intended recipient, please shred immediately.

ATTN: Diane Kunudson
2nd district Court formation utah
Re: Bail for Case # 111701135
Andres Esquivel 09/08/20

Fax

To: MS Diane Kunudson From: Andres Esquivel - Jobita B.
Fax: 801 447-3881 Date: 7/30/11
Phone: 801 447 3800 Pages: 7
Re: Bail Case # 111701135 CC: 2nd district Court Farmington Utah 84025

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

The information contained in this fax is confidential. If you are not the intended recipient, please shred immediately.

ATTN: Diane Kunudson
2nd district Court Farmington Utah
RE: Bail for Case # 111701135
Andres Esquivel 09/08/10



BOOKING FEE
REFUND REQUEST
P01060745

111701135

BOOKING NUMBER: 1111274 **ARRESTING AGENCY:** LAKEWOOD POLICE DEPARTMENT

NAME: ESQUIVEL, ANDRES **DATE OF BIRTH:** 09/08/1970

ADDRESS: 990 UPHAM ST LAKEWOOD CO 80214

TELEPHONE NUMBER: (770)709-4737

COURT DOCKET(S)/WARRANT NUMBER(S) FOR THIS BOOKING:

111701135

In order to assist the Sheriff's Office in processing your request, please attach copies of court documents showing that you were acquitted of all charges, or all charges were dropped that were associated with the docket(s) or warrant(s) for this booking. Please make sure that you submit copies, as we will not return any documents to you other than this request indicating approval or disapproval.

Application for refunds must be made within five years from the date of release. Refunds not requested within the time limitation are considered abandoned property.

Please allow 60 days for processing. If the refund request is approved, a check and a copy of this form will be mailed to the address on this form. If this refund is denied, a copy of this form will be returned to you with an explanation.

MAIL THIS FORM TO:

Jefferson County Sheriff's Office
Inmate Service Unit
200 Jefferson County Parkway

DELIVER THIS FORM IN PERSON TO

Jefferson County Sheriff's Office
Inmate Service Unit, Level 3
200 Jefferson County Parkway

Form Received by Inmate: _____

Date: _____

SIGNED ORIGINAL TO JAIL FILE

COPY TO INMATE UPON RELEASE

☒ Municipal Court ☐ County Court ☐ District Court
JEFFERSON COUNTY DIVISION A

JEFFERSON

County, Colorado

Court Address: 100 JEFFERSON COUNTY PARKWAY
GOLDEN

GOLDEN CO 80401

People
VS.

ESQUIVEL, ANDRES

P01060745

- COURT USE ONLY -

Case Number: 111701135

Warrant Number: 11CR2070

Bond Number: B064558

Court: JCDA9 JEFFERSON COUNTY DIVISION A-9

APPEARANCE BOND

BOND TYPE: BAIL BONDING AGENT

Bond Posted For: ☒ Defendant ☐ Respondent ☐ Plaintiff ☐ Petitioner ☐ Child

NAME OF PARTY: ESQUIVEL, ANDRES

Date of Birth: 09/08/1970

The Party, as principal, and GABRIEL F ARMENTA

as surety, acknowledge that we are jointly and severally bound to

that People of the State of Colorado, in the penal sum of \$10,000.00, if there is a default upon the primary condition of this Bond.

The bail agent charged a premium in the amount of \$_____. The primary condition of this bond is that the Party shall personally appear in the (court and address):

JEFFERSON COUNTY DIVISION A-9 100 JEFFERSON COUNTY PARKWAY GOLDEN CO 80401

on (return date) Monday, August 22, 2011 at (time) 0800 and at each place, and upon each date, to which this

proceeding is transferred or continued, until entry of an order for deferred prosecution or deferred judgement, plea of guilty, *nolo contendere* or conviction (unless the written consent of the sureties is filed of record), to answer charges of:
FUGITIVE OF UTAH

and all other charges associated with the above named case

NOTE: If the return date and time is a legal holiday or a weekend, the return date is a mandatory appearance on the first business day thereafter.

Additional Conditions: (1) Party may not leave the state without approval of the Court and the surety; (2) Party shall not commit a felony while at liberty on bail; (3) Party acknowledges the existence of a Mandatory Protection Order under §18-1-1001, C.R.S.; (4) Party shall immediately notify the Court of any change of mailing address or residence.

☒ Pursuant to §16-3-503, C.R.S. you shall execute a waiver that states you understand that the bond or fees shall be forfeited if the Defendant is removed from the country.

☒ If you have been arrested for a Felony offense, you shall sign a written waiver of extradition indicating you waive all formal proceedings in the event you are arrested in another state and you agree to be returned to Colorado.

☐ No Weapons ☐ No Alcohol ☐ No Drugs ☐ No Driving Without a Valid License ☐ Random UA's ☐ Random BA's ☐ Daily BA's ☐ GPS Monitoring

☐ Substance Abuse Monitoring ☐ Electronic Substance Abuse ☐ Electronic Home Monitoring ☐ Other

☐ Pre-trial Supervision _____ (contact information) ☐ Other _____

☐ No Contact With _____ ☐ Other _____ ☐ Other _____ ☐ Other _____

If the party fails to comply with any of the conditions of this bond, the Court may revoke the Party's release on bail, increase the amount of bail or modify bond conditions. The bond will be forfeited if the Party does not appear as required by the primary bond condition.

990 UPHAM ST LAKEWOOD CO 80214 (770)709-4737

PARTY (Signature)

Bole Armenta P.O Box 556 Broomfield, CO 80038 303-635-2245

SURETY/BONDING AGENT*/BOND COMMISSIONER/JUDGE (Signature)

Address (City, State, & Zip Code)

Telephone No.

AGENT LICENSE NO. 161476

POWER OF ATTORNEY NO. 5515-08895

PARTY (Signature)

SURETY OTHER THAN BONDING AGENT** (Signature)

Address (City, State, & Zip Code)

Telephone No.

*BONDING AGENT CERTIFICATION: Agent, by executing this bond, warrants and represents to the Court, under oath, and under penalty of perjury: (1) that agent is not currently in default in payment of any final judgement upon which any bail bond forfeited in any Colorado jurisdiction; (2) that agent is duly licensed by the State of Colorado to execute this bond; (3) that agent, if a non-cash agent, is currently appointed by the corporate surety whose power of attorney accompanies this Bond.

**If The Defendant posted the bond, the Court may apply the bond deposited toward any amount owed by the Defendant.

***SURETY CASH DEPOSIT: The Bond Deposited ☐ may or ☐ may not be applied toward any amount owed by the Defendant.

CASH SURETY (Signature)

Any remaining amount of the bond deposited will be returned to the depositor.

Jefferson County Sheriff's Office

EXECUTED AND ACKNOWLEDGED by the above named in the presence of the undersigned at

By: 2012

Deputy Clerk/Sheriff (As to Surety/Bonding Agent)

By: W. [Signature]

Deputy Clerk/Sheriff (As to Defendant)

Date: 072911

Time: 2022

Date: July 29, 2011

Time: 1520

=====

JEFFERSON CO SHERIFF'S DETENTION FACILITY

=====

Resident Closeout Receipt
Friday, July 29, 2011 @15:39

=====

Officer ID: BHAMPLEM

JCID 1060745

Name: ESQUIVEL, ANDRES

Admitted: 07/28/2011

Released: 07/29/2011

Trans Date:	Trans Type:	Description:	Amount:
07/28/2011	BOOKING FEE	BOOKING FEE	\$ 30.00
07/29/2011	DEPOSIT CASH	GABRIEL F ARMENTA FOR BOND	\$ 40.00
07/29/2011	<BOOKING FEE>	Payment for BOOKING FEE on 2011-07-28-23	\$ -30.00
07/29/2011	BOND FEE	11CR2070	\$ 10.00
07/29/2011	<BOND FEE>	11CR2070	\$ -10.00
07/29/2011	WITHDRAW CASH	RELEASE TRANSACTION	\$ 0.00

Available Balance:	\$	0.00
Outstanding Debt:	\$	0.00
Held Funds:	\$	0.00

Resident Signature _____ Date _____

Authorized Signature _____ Date _____