



ALL PRO-BAIL BONDS

PO Box 3737
Centennial, Co. 80161

303-798-2727

RECEIPT FOR PAYMENTS AND COLLATERAL

RECEIPT # AP-

Defendant Name: _____ Date: _____
 Bond Amount: \$ _____ Court: _____ Case # _____
 The following described monies/considerations were received from: _____

COLLATERAL

As security for the execution of this bail bond the following described collateral was delivered/pledged; A PROMISSORY NOTE, INDEMNITY AGREEMENT, SIGNATURE(S), OTHER: _____ \$ _____

All collateral delivered or pledged to secure the Agreement or Bond(s) shall be returned as required by law to the person delivering/pledging such collateral when all financial requirements concerning the Promissory Note, Indemnity Agreement and any other written documents have been met and upon written original receipt from the court(s) that the Bond(s) have been released. In the event all financial requirements have not been met by the indemnitor(s), the collateral delivered/pledged will be subject to forfeiture and sale.

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. For more information see the Disclosure Statement provided.

BOND PREMIUM/JAIL PROCESSING FEES

AMOUNT PAID \$ _____ CASH CREDIT CARD * CHECK # _____

* There will be a \$75.00 charge for any check returned to All Pro Bail Bonds and a \$5.00 per day charge until funds are received.

By signing below indemnitor acknowledges they have received a copy of the Indemnity Agreement, Promissory Note, Disclosure Statement, Privacy Statement, and receipt for payments . Premium fees are non refundable once the detention center accepts our signature on the bond.

X _____
Indemnitor/Depositor

Date

All Pro-Bail Bonds Representative

541427403000151
ALL PRO BAIL BONDS
LITTLETON, CO 80125

Sign Here
X _____

The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

CURRENCY CONVERSION		RATE	AMOUNT	
DATE	DATE		PRICE	AMOUNT
QTY	CLASS	DESCRIPTION	PRICE	AMOUNT
DATE		AUTHORIZATION		SUB TOTAL
		REG/DEPT.	CLERK	TAX
				TIP
				MISC
				TOTAL

