

Las Animas County Sheriff's Office Bonding

*Required field

Payment Information

*If this is a remote payment and you will not be at the jail to sign for this transaction, you acknowledge that the funds being paid via your credit or debit card become the property of the Defendant and any refunds will be issued to the Defendants

*Defendant Name:

*First Name:

Middle:

*Last:

*Defendant Date of Birth:

Notes:

***Person Paying Bond:**

***First Name:**

Middle:

***Last:**

***Phone #:**

(### ### ####)

***Email Address:**

Payment Amount

Payment Amount:

Contact the Sheriff's Department for help with this 719-846-2211. This link will take you to the payment page. <https://secure.colorado.gov/payment/lasanimas-rental>

Billing Information

***First Name:**

Middle:

***Last Name:**

***Billing Address:**

***City**

***State/Province:**

***Zip**

***Country:**

***Phone #**

(### ### ####)