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| Denver County Court, City and County of Denver, Colorado520 W. Colfax Avenue, Room 160Denver, Colorado 80204, 720-337-0410State of Coloradov.Defendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | ▲COURT USE ONLY▲ |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #:  | Case Number:Division Courtroom  |
| **PETITION TO SEAL RECORDS RELATED TO ILLEGAL POSSESSION OR CONSUMPTION OF ETHYL ALCOHOL OR MARIJUANA BY AN UNDERAGE PERSON (MIP), OR POSSESSION OF MARIJUANA PARAPHERNALIA PURSUANT TO §18-13-122(13), C.R.S. FOR OFFENSES ON OR AFTER JULY 1, 2014** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Name of Defendant), petition this Court to seal records related to the above-captioned case involving illegal possession or consumption of ethyl alcohol or marijuana by an underage person (MIP), or possession of marijuana paraphernalia.

1. Information about the Defendant: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I request that the following information be sealed:

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| **Date of Offense** | **Name of Law Enforcement Agency**  | **Arrest/Summons Number** |
|  |  |  |

1. One year has passed since the date of my second or subsequent conviction.
2. I have obtained a verified copy of my criminal history that is current as of at least 20 days prior to the date of the filing of this Petition**.** Check one of the following:

I have attached a verified copy of my criminal history to this Petition.
I will provide a verified copy of my criminal history to the court **NO LATER THAN** 10 days after the date that I file this Petition.

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *PETITION TO SEAL RECORDS RELATED TO ILLEGAL POSSESSION OR CONSUMPTION OF ETHYL ALCOHOL OR MARIJUANA BY AN UNDERAGE PERSON (MIP), OR POSSESSION OF MARIJUANA PARAPHERNALIA PURSUANT TO §18-13-122(13), C.R.S.* and that the statements set forth therein are true and correct to the best of my knowledge and belief.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Petitioner/Defendant Date

The foregoing instrument was subscribed and affirmed, or sworn before me in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of Colorado, this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by the Defendant/Petitioner.

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public/Deputy Clerk

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney Date