

Denver County Court, City and County of Denver, Colorado  
520 W. Colfax Avenue, Room 160  
Denver, Colorado 80204, 720-337-0410

V.

Defendant: \_\_\_\_\_

**▲ COURT USE ONLY ▲**

Attorney or Party Without Attorney (Name and Address):

Case Number:

Phone Number:

E-mail:

FAX Number:

Atty. Reg. #:

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**

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

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

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

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

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

4. 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.

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 \_\_\_\_\_