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| Denver District Court, Denver County, Colorado  1437 Bannock Street, Room 256  Denver, Colorado 80202  **Petition of:**  **Defendant: (Primary subject of the criminal justice record)** | 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 MARIJUANA CONVICTION RECORDS INFORMATION PURSUANT TO § 24-72-710, C.R.S.** | |

1. The Petitioner is: (check one only)

the Defendant and the primary subject of the criminal conviction record.

the designated representative of the Defendant, by power of attorney or notarized authorization.

the parent of the Defendant, if Defendant is under legal disability.

the appointed legal representative of the Defendant, if Defendant is under legal disability.

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

Current Mailing Address:

City: State: Zip Code:

Home Phone #: Work Phone #: Cell #:

1. The Petitioner asks this Court for an Order to Seal Criminal Conviction Records Pursuant to § 24-72-710, C.R.S., by which the Court orders the sealing of criminal justice records information in the custody of the following agencies

District and County Courts Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipal Courts Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sheriff’s Department

District Attorney

City Attorney

Law Enforcement Agency (Identify) \_\_\_\_\_\_ Case Number:

⌧Colorado Bureau of Investigation (Any Order granting a petition to seal criminal conviction records must be sent to the Colorado Bureau of Investigation by the Petitioner, statute authorizes this agency to assess an additional fee to seal its records.)

Other:

1. **Information about the criminal conviction to seal is as follows:**

Identify offense(s) convicted of in the case requesting to seal:

Misdemeanor Offense(s) of

Date Sentenced:

Plaintiff asserts the above-listed misdemeanor offense(s) for the use or possession of marijuana would not have been a criminal offense if the act(s) occurred on or after December 10, 2012.

1. Petitioner requests the Court to set a date for hearing on this Petition, if necessary, and to enter an order sealing criminal conviction records pertaining to the Defendant, pursuant to § 24-72-710 C.R.S., as applicable, and to seal this civil action.

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION AND ACKNOWLEDGMENT

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(day) (month) (year) (city or other location, and state OR country

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

(Printed name of Petitioner) Signature of Petitioner Date

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

Signature of Attorney Date

# CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) a true and accurate copy of this *Petition* *to Seal Criminal Conviction Records*was served on the Prosecuting Attorney by:

Hand Delivery E-filed orby placing it in the United States mail, postage pre-paid, and addressed to the following:

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

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Signature of Petitioner