❑District Court ❑Denver Juvenile Court _____ County, Colorado Court Address: ❑People of the State of Colorado in the Interest of: ❑People of the State of Colorado v. Petitioner:	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom

PETITION FOR EXPUNGEMENT OF RECORDS
❑JUVENILE "JD" CASE OR ❑CRIMINAL "CR" CASE

I, Petition the court for an expungement of my records.

Information about the Petitioner: Date of Birth: _____

Current Mailing Address:_____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Date of Offense	Charge	Agency Case Number	Arresting Agency

I was released from the Court's jurisdiction on _____ (date you were found not guilty, date of law enforcement contact if formal charges were not filed, or date you were released from a deferred prosecution, deferred adjudication, probation, or parole).

I have not been convicted of a felony or misdemeanor, nor have I been adjudicated a delinquent since termination of the court's jurisdiction or the unconditional release from parole supervision.

There are no felony, misdemeanor, or delinquency actions pending or being instituted against me.

I request that this Petition for Expungement of Records be set for hearing.

VERIFICATION AND ACKNOWLEDGMENT

I (Petitioner) swear or affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

_____
Signature of Petitioner Date

The foregoing instrument was acknowledged before me in the County of _____, State of Colorado, this ____day of _____, 20___, by the Petitioner.

My Commission Expires: _____

_____
Signature of Attorney

_____
Notary Public/Deputy Clerk