☐ District Court ☐ Denver Ju		-		
Court Address:	ounty, Colorad			
People of the State of Color				
·				
□v. Defendant: □In the Interest of:				
		ouverine		
and concerning Respondent:	(N	lame of Parent/Guardia	n) 🛕 COU	IRT USE ONLY
Attorney or Party Without Atto	orney (Name ar	nd Address):	Case Number	.
	-mail: ty. Reg.#:		Division:	Courtroom:
		ontinue Sex Offend or Juvenile Adjudi	_	
I		(Petition	er) petition the Co	urt for an Order removing
I the requirement that I register a	as a sex offend	er, pursuant to §16-22-	103 or -113, C.R.S.	
Information about the Peti	tioner:			
Full Name:			Date of Birth:_	
Current Mailing Address: _				
City:				#:
Work Phone #:				
□ # h . h . l . l	Add Barra	1. Di	andan Banistantian I	and formal boundary
☐ If checked, I request the Grounds:	at this Petition	to Discontinue Sex Offe	ender Registration t	be set for a hearing.
Grounds.				
As grounds for this Petition	, I affirm the fo	llowing to be true: (chec	ck applicable boxes)
☐ The statutory prohibition not apply to me; AND	ons regarding ir	neligibility to file this Pe	tition as set forth at	§16-22-113(3), C.R.S. do
I suffer from a severe p	•	-	xtent that I am perm	nanently incapacitated and
by another person for released from the jur Department of Human	the purpose of isdiction of the Services for the	f committing that offens e Court or discharged at offense. I have not su	se. I completed my I by the Departme obsequently been co	tude, I had been trafficked sentence and have been ent of Corrections or the privicted of unlawful sexual unlawful sexual behavior;
				nce for an offense involving subsequently convicted of

R: September 7, 2021

	unlawful sexual	hehavior or	of any other offer	nse the underl	ving factual basis	of which involved	unlawful		
	sexual behavior		or any carer one.	ico, are arraer.	yiiig lastaal basis		arnavra		
	to register. I have related to that of prosecution for u	ve successfo ffense, and, unlawful sexu	ully completed an as an adult, I ha ual behavior or any	d been discha ive not been s other offense,	rged from a juver subsequently conv the underlying fac	se for which I was nile sentence or di icted of or have a ctual basis of which the Sex Offender	sposition pending involved		
	I was adjudicated or received a disposition as a juvenile and was required to register. As an adult, I have not been subsequently convicted of, and I do not have a pending prosecution for, unlawful sexual behavior or for any other offense, the underlying factual basis of which involved unlawful sexual behavior. I am 25 years of age or older and at least seven years have passed from the date I was required to register. My duty to register has automatically terminated but law enforcement and/or the Colorado Bureau of Investigation have not removed my name from the sex offender registry; OR								
	unlawful sexual of the jurisdiction of	contact or thi of the Court.	rd degree sexual a I have not subseq	assault and it h uently been co	as been five years	n a class 1 misdem since my final rele ul sexual behavior havior; OR	ase from		
	of unlawful sexu from the jurisdict Services. I have	ial contact o tion of the Co not subseq	r third degree sex ourt or discharge f	ual assault and rom the Depart icted of unlaw	d it has been 10 y tment of Correction ful sexual behavio	was a class 1 misd ears since my fina ns or Department o or or any other offe	l release of Human		
	The offense for which I was required to register was a class 1, 2 or 3 felony and it has been 20 years since my final release from the jurisdiction of the Court or discharge from the Department of Corrections or Department of Human Services. I have not been subsequently convicted of unlawful sexual behavior or any other offense, the underlying factual basis of which involved unlawful sexual behavior.								
Agend	cies:								
	ave registered as applicable.)	a sex offend	er with the followir	ng law enforcer	ment agency or ag	encies: (Complete	as many		
#	1			#2					
Po	Police or Sheriff's Department			Police or Sheriff's Department					
A	ddress			Address			_		
Ci	ity	State	Zip Code	City	State	Zip Cod	le		
#3	3			#4					
Po	Police or Sheriff's Department			Police or Sheriff's Department					
A	ddress			Address			_		
Ci	ity	State	Zip Code	City	State	Zip Code	<u> </u>		

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.									
Signature									
Printed name of Petitioner/Legal Representative1	Signature of Petitioner/Legal Representative								
	Signature of Attorney (if any) Da								