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| County Court District Court Denver Juvenile Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, ColoradoCourt Address: State of Coloradov.Defendant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:  | Case NumberDivision Courtroom  |
| MOTION TO DETERMINE FACTUAL INNOCENCE  |

**This Motion is submitted pursuant to §16-5-103, C.R.S. for the purpose of determining factual innocence due to identity theft.**

1. **Information about the alleged victim of identity theft:**

Full Name: Date of Birth:

Current Mailing Address:

City, State & Zip:

Home Phone #: Work Phone #: Cell #:

1. The following identifying information has been inappropriately obtained from the alleged victim of identity theft:

Name Social security number Address Birth Date

Drivers license number Bank account records Passport Driver’s license

Other (specify):

Other (specify):

1. The use of identifying information above has been mistakenly associated with an arrest, summons, summons and complaint, felony complaint, information, indictment, or conviction. (Please check all that apply.)
2. Name of Arresting Agency:
3. Identify specific information below and attach any affidavits, police reports, or any other relevant information:

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| --- | --- | --- | --- | --- | --- | --- |
| **Offense Date** | **Arrest or Summons Date** | **Arrest or Summons Number** | **Charge Description****(identity each charge separately)** | **Case Number**  | **Date of Conviction or indictment****(if applicable)** | **Charges Filed****Yes/No** |
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1. If applicable, attached are copies of documents that verify my identity, e.g. social security card, birth certificate, passport.

1. If applicable, attached are copies of documents that support my whereabouts during the date and time of the offense. This may include; airline tickets, military records, a notarized statement from an employer, friend, etc.
2. If applicable, the alleged victim of identity theft has provided a copy of this Motion to the District Attorney’s Office.

**Wherefore, the alleged victim of identity theft requests this Court to determine factual innocence pursuant to §16-5-103, C.R.S. based on the information submitted.**

 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.

(Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

**VERIFICATION AND ACKNOWLEDGEMENT**

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

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature