|  |  |
| --- | --- |
| **Court:**  District  County  Juvenile  Colorado County:  Court Address: | *This box for court use only.* |
| **Parties:**  Plaintiff/Respondent: State of Colorado  v.  Defendant/Petitioner/Juvenile:  *And concerning*  Respondents:  *(Parent/Guardian in Juvenile Delinquency cases)* |
| **Filed by:**  Name:  Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Certificate of Mailing** | |

I submit this Certificate of Mailing pursuant to C.R.S. § 16-22-113(2)(c).

**1. Date Sent**

I certify that on *(enter date)* , I sent a copy of the Petition to Discontinue Sex Offender Registration to the parties below by certified mail.

**2. Sent to:**

1) Prosecuting Attorney who obtained the conviction.

2) Prosecuting Attorney for this jurisdiction.

3) Each law enforcement agency where registration is required.

**3. Attachments**

I attached the return receipts for each party above to this Certificate.

**4. Sign & Date**

Signature Dated

**Note:** This certificate is due within 21-days of filing the Petition.