

<input type="checkbox"/> Municipal Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____ <hr/> <b>THE PEOPLE OF THE STATE OF COLORADO,</b> v. <b>DEFENDANT:</b>	<b>▲   COURT USE ONLY   ▲</b>
	Case Number:  Division:                      Courtroom:
<b>APPLICATION FOR AN ORDER OF COLLATERAL RELIEF          PURSUANT TO §18-1.3-107, §18-1.3-213, OR §18-1.3-303, C.R.S</b>	

1. Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

2. I, Applicant, am the Defendant in the above captioned case, in which I was convicted of the following offense(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

3. In order to be eligible to receive collateral relief, Applicant must be able to check "No" for all of the following sections (attach a separate sheet if more space is needed):

a. I have been convicted of a felony that included an element that requires a victim to suffer permanent disability.  **Yes**  **No**. I have been convicted of the following felonies:

Case Number	Name of Court	State	Felony Class	Felony Offense(s)

b. I have been convicted of a crime of violence as described in §18-1.3-406, C.R.S.  **Yes**  **No**. I have been (1) convicted of an unlawful sexual offense in which I caused bodily injury to the victim or used threat, intimidation or force against the victim; (2) convicted of using, or possessing and threatening the use of, a deadly weapon; or (3) convicted of causing serious bodily injury or death to any other person except another participant; as part of the following criminal proceedings:

Case Number	Name of Court	State	Crime(s)

c. I am required to register as a sex offender pursuant to §16-22-103, C.R.S.  **Yes**  **No**.

4. I, Applicant, will experience the following collateral consequence(s) of my criminal conviction(s) in the above captioned case\*\*:

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5. I, Applicant, am requesting that the Court issue an Order granting the following relief from the collateral consequence(s) of my conviction in the above captioned case. As grounds, I state that:

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**\*\*NOTE:** A “collateral consequence” does not include imprisonment, probation, parole, supervised release, forfeiture, restitution, fine, assessment, costs of prosecution, or a restraint or sanction on an individual’s driving privilege. Further information regarding collateral consequences can be found on the State Public Defender’s website at [www.coloradodefenders.us](http://www.coloradodefenders.us).

6. An Order for Collateral Relief would be consistent with my rehabilitation (Explain):

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7. An Order for Collateral Relief would improve my likelihood of success in reintegrating into society and is in the public’s interest (Explain):

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8. I request that the court conduct a hearing on this Application or include a hearing on the matter in my sentencing hearing.  Yes  No.

9. I have attached a recent copy of a Colorado Bureau of Investigation fingerprint-based criminal history records check to this Application (this document MUST be provided).

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.

I, Applicant, swear/affirm that I have read the forgoing *APPLICATION FOR AN ORDER OF COLLATERAL RELIEF* and that the statements contained therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney (registration #)

\_\_\_\_\_  
Date

### CERTIFICATE OF SERVICE

I, Applicant, certify that on \_\_\_\_\_ (date) a copy of *APPLICATION FOR AN ORDER OF COLLATERAL RELIEF PURSUANT TO §18-1.3-107, §18-1.3-213, OR §18-1.3-303, C.R.S.* was served on each of the following:

Name of Person to Whom you are Sending this Application	District Attorney, Regulatory Body or Licensing Body	Address	Manner of Service*

\*Applicant must provide a copy of this application to the District Attorney and to the regulatory or licensing body that has jurisdiction over the collateral consequence from which the Applicant is seeking relief, if any, by certified mail or personal service **within 10 days after filing the application** with the court. If a copy of the application is sent by certified mail to the above parties, a copy of the return receipt must be filed with the court.

**Note:**

This Certificate of Service should not be used in cases where you obtain personal service on a party. Instead, use the Personal Service Affidavit - JDF 718 for each party served personally and file it with the court.

\_\_\_\_\_  
Signature of Applicant