

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> <input type="checkbox"/> People of the State of Colorado in the Interest of: <input type="checkbox"/> People of the State of Colorado v. <input type="checkbox"/> People of the City of _____ v. Petitioner: _____	▲ COURT USE ONLY ▲ <hr/> Case Number: _____ <hr/> Division _____ Courtroom _____
NOTICE OF HEARING ON PETITION FOR EXPUNGEMENT <input type="checkbox"/> JUVENILE "JD" CASE <input type="checkbox"/> CRIMINAL "CR" CASE OR <input type="checkbox"/> MUNICIPAL CASE	

 Petitioner (please print) Date of Birth

 Address

 City State Zip Code

Interested parties are notified that the Petitioner has filed a Petition for Expungement of Records. The Petition is set for a hearing at the following date, time and location:

Date: _____ **Time:** _____ **Courtroom or Division:** _____
Address: _____

where you may be present if you have any objection to the entry of an Order of Expungement of Records.

Date _____
Clerk of Court/Deputy Clerk

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this Notice was placed in the U.S. Mail, postage prepaid, or in the agency box, addressed as follows:

<input type="checkbox"/> District Attorney _____ _____ _____ <input type="checkbox"/> Municipal (City) Attorney _____ _____ _____ <input type="checkbox"/> Police Department _____ _____ _____	<input type="checkbox"/> Probation Department _____ _____ _____ <input type="checkbox"/> County Sheriff _____ _____ _____ _____ _____ _____
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Clerk of Court/Deputy Clerk