

County Court _____ County, Colorado Court Address: _____  State of Colorado v. Defendant: _____	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>PETITION TO SEAL RECORDS RELATED TO ILLEGAL POSSESSION OR CONSUMPTION OF ETHYL ALCOHOL BY AN UNDERAGE PERSON (MIP) PURSUANT TO §18-13-122(10), C.R.S. (AS IT EXISTED PRIOR TO JULY 1, 2014)</b>	

I, \_\_\_\_\_, (Name of Defendant), petition this Court to seal records related to the above-captioned case involving illegal possession or consumption of ethyl alcohol by an underage person.

1. Information about the Defendant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City, State and Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. I request that the following information be sealed:

Date of Offense	Name of Law Enforcement Agency	Arrest/Summons Number

3. One year has passed since:  the date of my conviction,  the date my case was dismissed,  the date I completed my deferred judgment, or  the date my deferred prosecution concluded, for a violation of §18-13-122(2), C.R.S. (as it existed prior to July 1, 2014); whichever is later.
4. I have not been arrested for, charged with, or convicted of any felony, misdemeanor, or petty offense during the one year period following the date of my conviction for a violation of §18-13-122(2), C.R.S. (as it existed prior to July 1, 2014).

- 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 ACKNOWLEDGMENT**

**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)

\_\_\_\_\_  
 (Printed name of Petitioner/Defendant)

\_\_\_\_\_  
 Signature of Petitioner/Defendant

\_\_\_\_\_  
 Signature of Attorney