County Court _____ County, Colorado Court Address: _____ State of Colorado v. Defendant: _____	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

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)

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).

VERIFICATION AND ACKNOWLEDGMENT

I, _____, (name) swear/affirm under oath, and under penalty of perjury, that I have read the foregoing *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)* and that the statements set forth therein are true and correct to the best of my knowledge.

_____
Signature of Petitioner/Defendant Date

The foregoing instrument was subscribed and affirmed, or sworn before me in the County of _____, State of Colorado, this ____day of _____, 20___, by the Defendant.

My Commission Expires: _____

_____ _____
Signature of Attorney Date Notary Public/Deputy Clerk Date

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