

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 OR MARIJUANA BY AN UNDERAGE PERSON (MIP), OR POSSESSION OF MARIJUANA PARAPHERNALIA PURSUANT TO §18-13-122(13), C.R.S. FOR OFFENSES ON OR AFTER 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 or marijuana by an underage person (MIP), or possession of marijuana paraphernalia.

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 second or subsequent conviction.
4. I have obtained a verified copy of my criminal history that is current as of at least 20 days prior to the date of the filing of this Petition. Check one of the following:
 I have attached a verified copy of my criminal history to this Petition.
 I will provide a verified copy of my criminal history to the court **NO LATER THAN** 10 days after the date that I file this Petition.

- 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.

SIGNATURE

(Printed name of Petitioner/Defendant)	Signature of Petitioner/Defendant	Date
Signature of Attorney	Date	