

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> Petitioner of: _____ <hr/> Petitioner: _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division _____ Courtroom _____
PETITION FOR EXPUNGEMENT OF RECORDS FOR A LAW ENFORCEMENT CONTACT NOT RESULTING IN REFERRAL TO ANOTHER AGENCY	

I, _____, petition the Court for an expungement of records pursuant to C.R.S. § 19-1-306(6)(c)

1. Information about the Petitioner: _____ Date of Birth: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Date of Contact	Agency Case Number	Contacting Agency

2. One year has passed since I had the contact with a law enforcement agency that did not result in a referral to another agency.

4. There are currently no felony, misdemeanor, or delinquency actions pending or being instituted against me.

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)

Signature of Petitioner

Date