

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> Petitioner of: _____ <hr/> Petitioner: _____	<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 FOR EXPUNGEMENT OF RECORDS FOR A LAW ENFORCEMENT CONTACT NOT RESULTING IN REFERRAL TO ANOTHER AGENCY</b>	

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.

**SIGNATURE**

\_\_\_\_\_  
 (Printed name of Petitioner)      Signature of Petitioner      Date