

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> County Court _____ County, Colorado Court Address: _____ <hr/> <b>People of the State of Colorado</b> <input type="checkbox"/> v. Defendant: _____ <input type="checkbox"/> In the Interest of: _____ Juvenile and concerning Respondent: _____ (Name of Parent/Guardian)	<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 DISCONTINUE SEX OFFENDER REGISTRATION          COLORADO CONVICTION OR JUVENILE ADJUDICATION OR DISPOSITION</b>	

I \_\_\_\_\_ (Petitioner), petition the Court for an Order removing the requirement that I register as a sex offender, pursuant to §16-22-113, C.R.S.

**Information about the Petitioner:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**I request that this Petition to Discontinue Sex Offender Registration be set for hearing. As grounds for this Petition, I affirm the following to be true: (check applicable box)**

The statutory prohibitions regarding ineligibility to file this Petition as set forth at §16-22-113(3), C.R.S. do not apply to me; **AND**

On \_\_\_\_\_ (date), I successfully completed the terms and conditions of a deferred adjudication or deferred sentence for an offense involving unlawful sexual behavior or for an offense involving the factual basis of unlawful sexual behavior. The case has been dismissed. I have not been subsequently convicted or adjudicated for any offense involving unlawful sexual behavior; **OR**

I was less than 18 years of age at the time of the commission of the offense involving unlawful sexual behavior or for an offense involving the factual basis of unlawful sexual behavior. I have successfully completed and have been discharged from a juvenile sentence or disposition related to that offense. I have not been subsequently convicted of, and I do not have a pending prosecution for any offense involving unlawful sexual behavior, or for any other offense, the underlying factual basis of which involved unlawful sexual behavior. I am also petitioning to have my name removed from the Sex Offender Registry; **OR**

The offense for which I was required to register was a misdemeanor other than unlawful sexual contact or third degree sexual assault and it has been five years since my final release from the jurisdiction of the Court or discharge from the Department of Corrections. I have not been subsequently convicted or adjudicated for any offense involving unlawful sexual behavior; **OR**

The offense for which I was required to register was a class 4, 5, or 6 felony or was a class 1 misdemeanor of unlawful sexual contact or third degree sexual assault and it has been 10 years since my final release from the jurisdiction of the Court or discharge from the Department of Corrections. I have not been subsequently convicted or adjudicated for any offense involving unlawful sexual behavior; **OR**

The offense for which I was required to register was a class 1, 2 or 3 felony and it has been 20 years since my final release from the jurisdiction of the court or discharge from the Department of Corrections. I have not been subsequently convicted or adjudicated for any offense involving unlawful sexual behavior.

I have registered as a sex offender with the following law enforcement agency or agencies: (Complete as many as applicable.)

**#1**

\_\_\_\_\_  
Police or Sheriff's Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**#2**

\_\_\_\_\_  
Police or Sheriff's Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**#3**

\_\_\_\_\_  
Police or Sheriff's Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**#4**

\_\_\_\_\_  
Police or Sheriff's Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

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.)

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### VERIFICATION AND ACKNOWLEDGEMENT

**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

\_\_\_\_\_  
Signature of Attorney, if Any