

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> Petition of: _____ _____ (Name of party filing Petition)		▲ 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 DISCONTINUE SEX OFFENDER REGISTRATION NON-COLORADO CONVICTION OR JUVENILE ADJUDICATION OR DISPOSITION		

I _____ (Petitioner), Petition the Court for an Order removing the requirement that I register as a sex offender, pursuant to §16-22-103 or -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 #: _____

Information about the Offense/Case:

Offense of conviction _____
 Statute number for offense of non-Colorado conviction _____
 Classification of non-Colorado offense _____
 Date of conviction _____ Date of Release from Supervision/Incarceration _____

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)

I was convicted (as that term is defined in §16-22-102(3), C.R.S.) of the offense(s) for which I was required to register as a sex offender in a state other than Colorado or in another jurisdiction (including but not limited to a military or federal jurisdiction) and I would not have been required to register if I had been convicted in Colorado. OR

I suffer from a severe physical or intellectual disability to the extent that I am permanently incapacitated and do not present an unreasonable risk to public safety. OR

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 am 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.

SIGNATURE

(printed name of Petitioner/Legal Representative)

Petitioner/Legal Representative Signature Date

Signature of Attorney, if any

Date