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| District Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address: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\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If checked, I request that this Petition to Discontinue Sex Offender Registration be set for a hearing.

**Grounds:**

As grounds for this Petition, I affirm the following to be true: (check applicable boxes)

 I was convicted 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**

 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**

 I was convicted 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 have been required to register if I had been convicted in Colorado; **AND**

 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**

 When I committed the offense that constituted human trafficking for sexual servitude, I had been trafficked by another person for the purpose of committing that offense. I completed my sentence and have been released from the jurisdiction of the Court or discharged by the Department of Corrections or the Department of Human Services for that offense. I have not subsequently been convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior; **OR**

 I successfully completed a deferred adjudication or deferred judgment and sentence for an offense involving unlawful sexual behavior, and the case has been dismissed. I have not been subsequently convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved unlawful sexual behavior; **OR**

 I was younger than 18 years of age at the time of the commission of the offense for which I was required to register. I have successfully completed and been discharged from a juvenile sentence or disposition related to that offense, and, as an adult, I have not been subsequently convicted of or have a pending prosecution for unlawful sexual behavior or 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**

 I was adjudicated or received a disposition as a juvenile and was required to register. As an adult, I have not been subsequently convicted of, and I do not have a pending prosecution for, unlawful sexual behavior or for any other offense, the underlying factual basis of which involved unlawful sexual behavior. I am 25 years of age or older and at least seven years have passed from the date I was required to register. My duty to register has automatically terminated but law enforcement and/or the Colorado Bureau of Investigation have not removed my name from the sex offender registry; **OR**

 The offense for which I was required to register was a misdemeanor other than a class 1 misdemeanor of unlawful sexual contact or third degree sexual assault and it has been five years since my final release from the jurisdiction of the Court. I have not subsequently been convicted of unlawful sexual behavior or of any other offense, the underlying factual basis of which involved 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 or Department of Human Services. I have not subsequently been convicted of unlawful sexual behavior or any other offense, the underlying factual basis of which involved 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 or Department of Human Services. I have not been subsequently convicted of unlawful sexual behavior or any other offense, the underlying factual basis of which involved unlawful sexual behavior.

**Agencies:**

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

**#1 #2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police or Sheriff’s Department Police or Sheriff’s Department

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Address Address

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City State Zip Code City State Zip Code

**#3 #4**

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Police or Sheriff’s Department Police or Sheriff’s Department

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Address Address

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City State Zip Code 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) Signature of Petitioner/Legal Representative Date

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 Signature of Attorney, if Any Date