|  |  |
| --- | --- |
| **Court:** [ ]  District [ ]  County [ ]  JuvenileColorado County: Court Address:  | *This box for court use only.* |
| **Parties:**Plaintiff/Respondent: State of Coloradov.Defendant/Petitioner/Juvenile: *And concerning*Respondents: *(Parent/Guardian in Juvenile Delinquency cases)* |
| **Filed by:**Name: Address: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Certificate of Mailing** |

I submit this Certificate of Mailing pursuant to C.R.S. § 16-22-113(2)(c).

**1. Date Sent**

I certify that on *(enter date)* , I sent a copy of the Petition to Discontinue Sex Offender Registration to the parties below by certified mail.

**2. Sent to:**

1) Prosecuting Attorney who obtained the conviction.

2) Prosecuting Attorney for this jurisdiction.

3) Each law enforcement agency where registration is required.

**3. Attachments**

I attached the return receipts for each party above to this Certificate.

**4. Sign & Date**

Signature Dated

**Note:** This certificate is due within 21-days of filing the Petition.