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| **Court:**  District  County  Juvenile  Municipal  Colorado County:  Court Address: | **Court Use Only** |
| **Parties:**  Plaintiff: The People of Colorado  v.  Defendant/Juvenile: |
| **Filed by:**  Name:  Address:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  Division:  Courtroom: |
| **Application for Collateral Relief** | |

I request relief from collateral consequences under C.R.S. § 18-1.5-107 *(convictions)* or C.R.S. § 19-2-927 *(adjudications)*.

**1. Applicant Information**

Full Name:  Date of Birth:

Contact Information: *(if different from the “Filed By” section above)*

Full Mailing Address:

Phone Number:

Email:

**2. Background**

Have you ever been convicted or adjudicated of:

1) A felony that included an element where the victim suffered a serious bodily injury and a permanent impairment? *(Yes or no)* .

2) A crime of violence as described in C.R.S. § 18-1.3-406? *(Yes or no)* .

Are you required to register as a sex offender? *(Yes or no)* .

**3. Collateral Consequences**

I will experience the following collateral consequences from the convictions or adjudications in this case:

**Note:** A collateral consequence does not include imprisonment, probation, parole, supervised release, forfeiture, restitution, fine, assessment, costs of prosecution, or a restraint or sanction on an individual’s driving privilege.

Visit [www.coloradodefenders.us](https://www.coloradodefenders.us/consequences-of-conviction-2/colorado-collateral-relief-project/) for more information.

**4. Request**

I ask the Court to issue an order granting the following relief from those consequences:

This relief is consistent with my rehabilitation, will improve my likelihood of success in reintegration into society, and is in the public’s interest.

Do you request a hearing\* on this Application? *(Yes or no)* .

*\* The hearing may occur at an upcoming sentencing hearing.*

**5. Required Attachment**

I have attached a recent copy of a Colorado Bureau of Investigation fingerprint-based criminal history records check.

**6. Certificate of Service**

I certify that on *(enter date)* , the District Attorney and any Licensing or Regulatory bodies that have jurisdiction over the collateral relief requested received a copy of this document by: *(check at least one)*

Personal Service. *(Also, file* [*JDF 718 SC - Return of Service*](https://www.courts.state.co.us/Forms/PDF/JDF718.pdf)*.)*

Certified Mail, addressed to: *(Name, full mailing address used.)*

1)

2)

3)

4)

I will file copies of the return receipt with the court.

**7. Verified Signature**

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)*

Print Your Name:

Your Signature:

Attorney Signature:

*(If any)*