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| **Court:** [ ]  District [ ]  CountyColorado County: Court Mailing Address.:  | *This box for court use only.* |
| **Parties:**Plaintiff: People of the State of Coloradov.Defendant:  |
| **Filed by:**Name: Mailing Address.: Phone  Fax: Email:  Bar Number: (For lawyers) | CaseNumber: Division: Courtroom:  |
| **Motion to Seal Conviction Records**(Pardoned) |

The Defendant requests the court for an order to seal the conviction records pursuant to C.R.S. § 24-72-710.

1. **Information about the Defendant:** Date of Birth:

If different from ‘filed by’ section above, also give the Petitioner’s:

Mailing Address:

City:  State:  Zip Code:

Main Phone #:  Work Phone #:

1. The criminal conviction records are in the custody of the following agencies:

[ ]  District / County Court: *(case number)*

[ ]  District Attorney

[ ]  Municipal Court: *(case numbers)*

Mailing Address:

[ ]  Sheriff’s Department

Mailing Address:

[ ]  City Attorney

Mailing Address:

[ ]  Law Enforcement Agency *(Identify)*

Agency Case Number:

Mailing Address:

[x]  Colorado Bureau of Investigation *(Required)*

ATTN Identification-Seals, 690 Kipling St. STE 3000, Lakewood, CO 80215

[ ]  Other:

Mailing Address:

1. **Pardon**

I attached the Governor’s full and unconditional pardon for the convictions in this case.

1. **Certificate of Service**

I certify that on *(enter date)* , I gave a copy of this document to the prosecuting attorney by: *(select at least one)*

[ ]  Colorado Courts E-Filing *(only available to lawyers)*

[ ]  Email or Fax to:

[ ]  Hand Delivery, to: *(name, place)* [ ]  Regular Mail, addressed to: *(name, full address)*

1)

2)

1. **Sign and Date**

Print Your Name:

Signature Date