|  |  |
| --- | --- |
| **Court:**  District  County  Colorado County:  Court Mailing Address.: | *This box for court use only.* |
| **Parties:**  Plaintiff: People of the State of Colorado  v.  Defendant: |
| **Filed by:**  Name:  Mailing Address.:  Phone  Fax:  Email:  Bar Number:  (For lawyers) | Case  Number:  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:

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