| JDF 2371 |             | Motion to Seal Conviction Records  Conduct No Longer Prohibited |  |  |  |
|----------|-------------|---|--|--|--|
| A.       |             | x: County or District)<br>County:<br>Idress:                    |  |  |  |
| В.       |             | to the Case People of the State of Colorado                     |  | This box is for court use only.  C. Case Details |  |
|          | vs. Defenda |   |  | Number: Division/Courtroom:                      |  |
| 1.       | Вас         | ckground  |  |  |  |
|          | l sul       | omit this motion to seal convic                                 | tion records under C.R   | R.S. § 24-72-711.                                |  |
| 2.       | Му          | Information (the Defendant)                                     |  |  |  |
|          | Date        | e of Birth:   |  |  |  |
|          | Mail        | ing Address:  |  |  |  |
|          | Pho<br>Ema  |   |  |  |  |
|          | Doy         | you need an interpreter?  | ☐ No ☐ Yes, ir   | n (language)                                     |  |
|          | l wa        | nt to attend court events:                                      | ☐ In-person  | ☐ Virtually (by phone or web video)              |  |
|          |             | To switch your choice:  | Use form <i>JDF</i><br>before an even                                    | 76 – General Motion. File at least 48 hours at.  |  |
| 3.       | Red         | cords to be Sealed  |  |  |  |
|          | l red       | quest that the following convic                                 | tion records be sealed:  |  |  |
|          |             | ☐ District or County Court                                      | Case Number:   |  |  |
|          |             | ☐ Prosecuting Attorney  |  |  |  |
|          |             | ☐ Sheriff's Department  |  |  |  |
|          |             | Mailing Address:  |  |  |  |
|          |             | ☐ Colorado Bureau of Inves                                      | tigation <i>(Required)</i>   |  |  |
|          |             | ATTN Identification-Seals, 6                                    | ATTN Identification-Seals, 690 Kipling St., STE 3000, Lakewood, CO 80215 |  |  |

|    |  | Law Enforcement: (Agency Name)  |  |
|----|--|---|--|
|    |  | Agency Mailing Address:   |  |
|    |  | Agency Case Number:   |  |
|    |  | Law Enforcement: (Agency Name)  |  |
|    |  | Agency Mailing Address:   |  |
|    |  | Agency Case Number:   |  |
|    |  | Other: (Name)   |  |
|    |  | Mailing Address:  |  |
|    |  | Other: (Name)   |  |
|    |  | Mailing Address:  |  |
|    | Arrest N   | Number: (from fingerprint card)   |  |
|    | Date of  |   |  |
| 4. | Offense Information  |   |  |
|    | I was convicted of these offenses in this case:                |   |  |
|    | ☐ Petty Offense(s) of  |   |  |
|    |  | Misdemeanor Offense(s) of   |  |
|    |  | Felony Offense(s) of  |  |
|    | Date Sentenced: Probation/Parole Supervision Termination Date: |   |  |
|    |  |   |  |
|    | These  | offenses include: (check all that apply)                                      |  |
|    | a) Drug Offenses   |   |  |
|    |  | Were any of these drug offenses committed before October 1, 2013?             |  |
|    |  | ☐ Yes ☐ No  |  |
|    |  | Note: The court determines the eligibility of drug offenses (committed before |  |
|    |  | October 1, 2013) by the offense's classification at the time of sealing.      |  |
|    |  |   |  |

|    | b) Psilocybin Offenses   |  |  |  |
|----|--|--|--|--|
|    | Do the charges involve psilocybin or psilocyn (under the statutes listed below), and is the act no longer unlawful under C.R.S. § 18-18-434? |  |  |  |
|    | Statutes: C.R.S. §§ 18-18-403.5, 404, 405, 411, 412.7, 429, and 430.   |  |  |  |
|    | ☐ Yes ☐ No   |  |  |  |
| 5. | Eligibility  |  |  |  |
|    | This conviction is for an offense that is no longer prohibited by statute.   |  |  |  |
| 6. | Criminal Record  |  |  |  |
|    | Note: A criminal history record is not required.   |  |  |  |
| 7. | Certificate of Service   |  |  |  |
|    | On (enter service date) I certify that I sent a copy of this document to the prosecuting attorney by: (select one)                           |  |  |  |
|    | Colorado Courts E-Filing. (only available to lawyers)  |  |  |  |
|    | Regular Mail, addressed to: (name)  Full address:  |  |  |  |
|    | Other: (explain)   |  |  |  |
| 8. | Sign & Date  |  |  |  |
|    | Print Your Name:   |  |  |  |
|    | Signature:   |  |  |  |
|    | Date:  |  |  |  |
|    | Counsel Signature: (if any)  |  |  |  |
|    |  |  |  |  |