

<b>Court:</b> <input type="checkbox"/> District <input type="checkbox"/> County Colorado County: _____ Court Address: _____	▲ <i>Court Use Only</i> ▲
<b>Parties:</b> Plaintiff: The People of Colorado v. Defendant: _____	
<b>Filed by:</b> Name: _____ Address: _____ Phone _____      Fax: _____ Email: _____      Bar Number: _____ <small>(For lawyers)</small>	Case Number: _____ Division: _____ Courtroom: _____
<b>Motion to Withdraw Guilty Plea</b>	

I ask the court to set aside my guilty plea under C.R.S. § 18-1-410.6. I affirm that:

**1. Basic Qualifications**

- a) I am a not a citizen of the United States of America.
- b) I plead guilty to a qualifying misdemeanor or municipal offense in this case. C.R.S. § 18-1-410.6(3)(a).
- c) The crime for which I plead guilty occurred before March 1, 2022.

**2. Adverse Immigration Consequences**

I am or will suffer the following adverse immigration consequences because of my guilty plea:

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**3. Grounds**

My guilty plea was obtained in violation of the constitution or laws of Colorado or the United States of America, because: *(Check all that apply)*

- I was not adequately advised of the adverse immigration consequences by my lawyer.
- I waived my right to a lawyer without being advised by the Court that a lawyer could counsel me on potential adverse immigration consequences of my guilty plea.
- The guilty plea was constitutionally infirm under C.R.S. § 18-1-410(1)(a) to (1)(d), because:

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**4. 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)*

- Hand Delivery       Colorado Courts E-Filing *(only lawyers may use this method)*
- Regular Mail, addressed to: *(name, full mailing address)*

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**5. 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: \_\_\_\_\_

Lawyer Signature: \_\_\_\_\_  
*(If any)*