

<b>JDF 417</b>	<b>to Seal Arrest and Criminal Records</b> No Charges Filed – C.R.S. § 24-72-704	
<b>A. Court</b> Type: (ex: County or District) Colorado County: Court Address:	<i>Existing Case Event Code: MTSL</i> <i>New Case Event Code: PTSR</i> <i>This box is for court use only.</i>	
<b>B. Parties to the Case</b>  Petitioner (or Defendant):	<b>C. Case Details</b> Number: Division/Courtroom:	

**1. My Information**

Name

Date of Birth:

Mailing Address:

City, State, & Zip:

Phone:

Email:

Do you need an interpreter?

No     Yes, in *(language)*

I want to attend court events:

In-person     Virtually *(by phone or web video)*

To switch your choice:

Use form *JDF 76 – General Motion*. File at least 48 hours before an event.

**2. I am ... *(check only one)***

- The Person in Interest. I'm the primary subject of the criminal justice records.
- The designated representative of the Person in Interest, by power of attorney or notarized authorization.
- The parent of the Person in Interest, if the Person in Interest is under legal disability.
- The appointed legal representative of the Person in Interest, if the Person in Interest is under legal disability.

If you are not the person in interest, enter their information below:

Name:

Date of Birth:

Mailing Address:

Phone:

**3. Records to be Sealed**

I request that the following conviction records be sealed:

Prosecuting Attorney

Sheriff's Department

Mailing Address:

Colorado Bureau of Investigation **(Required)**

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

Law Enforcement: *(Agency Name)*

Agency Mailing Address:

Agency Case Number:

Other: *(name)*

Mailing Address:

Arrest/Summons Number: *(from fingerprint card)*

Date of Arrest/Summons:

**4. Offenses**

**a) List of Offenses**

List the offenses or charges listed in the criminal records to be sealed:

**Listed Offense**

**Misdemeanor  
or Felony**

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- b) **Were charges ever filed in court?** *(yes or no)*
- c) **Did you successfully complete a diversion agreement?** *(yes or no)*
- d) **Has the statute of limitations passed on all these charges?** *(yes or no)*
- e) **Are you still being investigated for these charges?** *(yes or no)*

**5. Certificate of Service**

On *(enter service date)*

I certify that I sent a copy of this document to all the agencies I checked in Section 3 by:

- Colorado Courts E-Filing. *(only available to lawyers)*
- Regular Mail, using the addresses entered in Section 3.
- Other: *(explain)*

**6. Sign & Date**

I request a hearing to present my request, and for an order sealing the arrest and criminal records I listed above, pursuant to C.R.S. § 24-72-704(1)(c)(II).

Print Your Name:

Signature:

Date:

Counsel Signature: *(if any)*