

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court Address: _____	<i>This box is for court use only.</i>
Plaintiff: The People of the State of Colorado v. Defendant: _____	Case Number: _____ Division: _____ Courtroom: _____
Request for a Hearing (re Automatic Conviction Sealing – C.R.S. § 13-3-117)	

1. I request a hearing to discuss sealing my case. The District Attorney objected to the Court sealing the case automatically under C.R.S. § 13-3-117 procedures.

2. My Contact information

Note: The court will proceed under C.R.S. § 24-72-706. The court will send information about the hearing to the mailing address you provide here.

Current Street Address: _____
Street City State Zip

Current Mailing Address: _____
Street City State Zip

Current Phone Number: (_____) ____ - _____ Phone Type: _____
Cell / Home

Email Address: _____

3. Sign & Date

Print your name: _____

Signature

Date