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