|  |  |
| --- | --- |
| **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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### 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)*