

Court: ☐ District ☐ County ☐ Juvenile ☐ Municipal Colorado County: _____ Court Address: _____	▲ Court Use Only ▲
Parties: Plaintiff: The People of Colorado v. Defendant/Juvenile: _____	
Filed by: Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____ Bar Number: _____ (For lawyers)	Case Number: _____ Division: _____ Courtroom: _____
Application for Collateral Relief	

I request relief from collateral consequences under C.R.S. § 18-1.3-107 (*convictions*) or C.R.S. § 19-2-927 (*adjudications*).

1. Applicant Information

Full Name: _____ Date of Birth: _____

Contact Information: (*if different from the "Filed By" section above*)

Full Mailing Address: _____

Phone Number: _____

Email: _____

2. Background

Have you ever been convicted or adjudicated of:

- 1) A felony that included an element where the victim suffered a serious bodily injury and a permanent impairment? (*Yes or no*) _____.
- 2) A crime of violence as described in C.R.S. § 18-1.3-406? (*Yes or no*) _____.

Are you required to register as a sex offender? (*Yes or no*) _____.

3. Collateral Consequences

I will experience the following collateral consequences from the convictions or adjudications in this case:

Note: A collateral consequence does not include imprisonment, probation, parole, supervised release, forfeiture, restitution, fine, assessment, costs of prosecution, or a restraint or sanction on an individual's driving privilege.

Visit www.coloradodefenders.us for more information.

4. Request

I ask the Court to issue an order granting the following relief from those consequences:

This relief is consistent with my rehabilitation, will improve my likelihood of success in reintegration into society, and is in the public's interest.

Do you request a hearing* on this Application? (Yes or no) _____.

** The hearing may occur at an upcoming sentencing hearing.*

5. Required Attachment

I have attached a recent copy of a Colorado Bureau of Investigation fingerprint-based criminal history records check.

6. Certificate of Service

I certify that on *(enter date)* _____, the District Attorney and any Licensing or Regulatory bodies that have jurisdiction over the collateral relief requested received a copy of this document by: *(check at least one)*

☐ Personal Service. *(Also, file [JDF 718 SC - Return of Service.](#))*

☐ Certified Mail, addressed to: *(Name, full mailing address used.)*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I will file copies of the return receipt with the court.

7. 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: _____

Attorney Signature: _____
(If any)