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| MUNICIPAL COURT, CITY OF LONGMONT225 Kimbark Street,Longmont, CO 80501Phone: (303)774-4804 Facsimile: (303)774-4345longmontmunicipalcourt@longmontcolorado.gov  |  |
| The City of Longmont by and on Behalf of the People of the State of Colorado, Plaintiff,v.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant, a Juvenile. | ▲ **COURT USE ONLY** ▲ |
| Attorney or Party Without Attorney (Name and Address):Phone#: Email:Fax #: Atty. Reg.#: | Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **PETITION TO SEAL EXPUNGE JUVENILE RECORDS****PURSUANT TO C.R.S. § 19-1-306** |

**1.** The party filing this Petition is: (check one only)

* The Juvenile and the primary subject of the records.
* The Parent/Legal Guardian of the Juvenile
* The Attorney of record for the Juvenile.

**2.** Information about the Juvenile:

 Juvenile’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Information about the records to expunge:

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of violation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Please check the option that applies to your case:

* The case was dismissed.
* The sentence in this case has been completed.

**5.** The Juvenile asks this Court for an Order to Expunge the Records in the custody of the following agencies:

* Longmont Municipal Court Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Longmont Police Department Case/Arrest Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City Prosecutor’s Office
* Longmont Probation Office
* Colorado Bureau of Investigation
* Colorado Judicial Branch
* Other (to include address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* I attest I have not been convicted of, or adjudicated a juvenile delinquent for, any felony offense or a misdemeanor offense involving domestic violence, unlawful sexual behavior, or possession of a weapon since the termination of this Court’s jurisdiction or the unconditional release from parole supervision; nor any knowledge or information indicating that there are felony, misdemeanor, or delinquency actions pending or being instituted against me.

**\*** I understand the Colorado Bureau of Investigations (CBI) is authorized to charge any costs related to the expungement of records subjected to the order.

\* I respectfully request that any records related to this case be expunged pursuant to **§**19-1-306, C.R.S.

**VERIFICATION AND ACKNOWLEDGMENT**

I (Juvenile) swear or affirm under oath, and under penalty of perjury, that I have read the foregoing *Petition to Expunge Juvenile Records* and that the statements set forth therein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Juvenile Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney Date: