

MUNICIPAL COURT, CITY OF PUEBLO
200 S. MAIN ST
PUEBLO, CO 81003
(719) 562-3810
FAX: 719 562 3811



**PLAINTIFF: People of the State of Colorado by and through the
People of the City of Pueblo**

vs.

DEFENDANT:

COURT USE ONLY

CASE NO.:

PETITION TO EXPUNGE JUVENILE CRIMINAL JUSTICE RECORDS

1. The Petitioner is: (check one only)

the Defendant and the primary subject of the criminal justice records.

the designated representative of the Defendant, by power of attorney or notarized authorization.

the parent of the Defendant, if Defendant is under 18 years of age or legal disability.

the appointed legal representative of the Defendant, if Defendant is under legal disability.

2. Information about the Defendant: Date of Birth: _____

Current Mailing Address: _____

City: State: Zip Code: _____

Home Phone #: Work Phone #: Cell #: _____

3. The Petitioner asks this Court for an Order to Expunge the Juvenile Criminal Justice Records in the custody of the following agencies:

Pueblo Municipal Court Case Number: _____

Pueblo Police Department Case Number: _____

City Prosecutor's Office

Other: _____

4. Information about the criminal records to seal is as follows:

Information about the disposition of the case is as follows:

The case against the Defendant was completely dismissed.

The Defendant was acquitted of all counts in the case.

The Defendant completed a deferred judgment and sentence and all counts were dismissed.

The Defendant has fully complied with his/her sentence and paid all restitution, fines, court costs, and fees ordered by the Court.

VERIFICATION AND ACKNOWLEDGMENT

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

Signature of Petitioner Date

The foregoing instrument was subscribed and affirmed, or sworn before me in the City of Pueblo, County of Pueblo, State of Colorado, this ____ day of _____, 20 ____, by the Petitioner.

My Commission Expires: _____

Notary Public/Deputy Clerk

Signature of Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) and true and accurate copy of this Petition to Expunge Juvenile Criminal Records was served on the Prosecuting Attorney by:

Hand Delivery E-filed Faxed to this number _____ or by placing it in the United States mail, postage pre-paid, and addressed to the following:

Signature of Petitioner