

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ PEOPLE OF THE STATE OF COLORADO IN THE INTEREST OF: Petitioner: _____	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division Courtroom _____ _____
NOTICE OF HEARING ON PETITION FOR EXPUNGEMENT	

 Petitioner (please print) Date of Birth

 Address

 City State Zip Code

Interested parties are notified that the Petitioner has filed a Petition to Expunge Juvenile Records. The Petition is set for hearing on (date) _____, at (time) _____ in (location) _____,

when you may be present if you have any objection to the entry of an Order of Expungement of Juvenile Records.

Date _____
Clerk of Court/Deputy Clerk

I certify that on (date) _____, a copy of this Notice was placed in the U.S. Mail, postage prepaid, or in the agency box, addressed as follows:

District Attorney Probation Department

Police Department County Sheriff

 Clerk of Court/Deputy Clerk