

## Moving on from Marijuana

Please complete the following information to the best of your ability:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name at time of conviction, if different: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date of offense: \_\_\_\_\_

Date of conviction / plea: \_\_\_\_\_

Case number: \_\_\_\_\_

Charges: \_\_\_\_\_

Name of Judge who heard your case / accepted your plea: \_\_\_\_\_

How did you case resolve, through a trial, guilty plea: \_\_\_\_\_

Were you represented by a lawyer?  Yes  No

Lawyer's name: \_\_\_\_\_

Law Enforcement Agency who issued summons / ticket: \_\_\_\_\_

Arrest number: \_\_\_\_\_

This information is important. Some of these cases have been in the system a long time, so we will need as much information as possible for us to find the proper records. Thank you. Completed applications can be emailed to [kkupfner@bouldercounty.org](mailto:kkupfner@bouldercounty.org)