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**RETAINER DATA**  
**SEALING CRIMINAL JUSTICE RECORDS**

**PLEASE PRINT LEGIBLY AND IN BLACK INK**

PLEASE PHOTOCOPY ALL TICKETS, COURT RECORDS OR RELATED DOCUMENTS TO OBTAIN THE clearest COPY  
THEN FAX OR MAIL WITH THIS DATA SHEET

**FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III**

Court Case No. To Be Sealed: \_\_\_\_\_  Unknown Division: \_\_\_\_\_ County: \_\_\_\_\_

<b>CLIENT</b>	<b>ALLEGED VICTIM</b>	<input type="checkbox"/> not applicable
Full Name _____	Full Name _____	
Street Address _____	Street Address _____	
PO Box Address _____	PO Box Address _____	
City, State ZIP _____	City, State ZIP _____	
Date of Birth _____	Date of Birth _____	
Social Security _____	Social Security _____	
DL No. _____	DL No. _____	
DL State Issued _____	DL State Issued _____	
DL Expiration Date _____	DL Expiration Date _____	
Phone - Home _____	Phone - Home _____	
Phone - Cell _____	Phone - Cell _____	
Phone - Message _____	Phone - Message _____	
Phone - Work _____	Phone - Work _____	
Phone - Fax _____	Phone - Fax _____	
Email Address _____	Email Address _____	
Employer Name _____	Employer Name _____	
Employer Street _____	Employer Street _____	
Employer PO Box _____	Employer PO Box _____	
Employer City, State _____	Employer City, State _____	
Title - Job Description _____	Title - Job Description _____	

**OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION**

Charge Card:  MasterCard  VISA Account No. \_\_\_\_\_  
 American Express  Discover Expiration Date: \_\_\_\_\_ PIN: \_\_\_\_\_  
 Hourly Fees  Flat Fee: \$ \_\_\_\_\_ Costs Estimate: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_

DATE: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PROSPECTIVE CLIENT'S SIGNATURE

**PROSPECTIVE CLIENT LAST NAME**

\_\_\_\_\_

**CASE INFORMATION**

Criminal Court Case To be Sealed

Court Case No. \_\_\_\_\_

County  El Paso  Teller  \_\_\_\_\_

Original Charges \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Domestic Violence  Yes  No

Sex Offense  Yes  No

Disposition

Dismissal of all Charge

Deferred Sentence - Plea to Offense \_\_\_\_\_

Revoked  Dismissal Date \_\_\_\_\_

Probation - Plea to Offense \_\_\_\_\_

Trial Conviction of Offense \_\_\_\_\_

**A SEPARATE LAWSUIT MUST BE FILED FOR EACH CASE**

Prior or Subsequent Arrests - Other Charges  Yes  No

Date(s) of Arrest(s), Charges & Location(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prior or Subsequent Prosecutions  Yes  No

Date(s) of Prosecution(s), Charges & Location(s)

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Medical Providers with Whom You or Victim Had Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CASE INFORMATION**

Prior or Subsequent Convictions  Yes  No

Date(s) of Conviction(s), Charges & Location(s)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Law Enforcement Agencies - Investigation or Arrest

Colorado Springs PD  El Paso SO  Teller SO

Colorado State Patrol  Manitou Springs PD

Fountain PD  Palmer Lake Marshall  Monument PD

Cripple Creek PD  Woodland Park PD  Other:

\_\_\_\_\_

Bail Bondsman  PR Bond Eligibility Investigators

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\_\_\_\_\_

\_\_\_\_\_

Treatment or Evaluation Agencies - You Had Contact

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Useful Public Service Agencies with Whom You Had Contact

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Privacy Need - Reason to Seal

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**PROSPECTIVE CLIENT LAST NAME**

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**CO-MAKER No. 1**

Relation to Client     Father    Mother    Sibling  
 Grandparent    Friend    Other

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

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

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

Phone - Home \_\_\_\_\_

Phone - Cell \_\_\_\_\_

Phone - Message \_\_\_\_\_

Phone - Work \_\_\_\_\_

Phone - Fax \_\_\_\_\_

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

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_

**CO-MAKER No. 2**

Relation to Client     Father    Mother    Sibling  
 Grandparent    Friend    Other

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

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

Social Security \_\_\_\_\_

DL No. \_\_\_\_\_

DL State Issued \_\_\_\_\_

DL Expiration Date \_\_\_\_\_

Phone - Home \_\_\_\_\_

Phone - Cell \_\_\_\_\_

Phone - Message \_\_\_\_\_

Phone - Work \_\_\_\_\_

Phone - Fax \_\_\_\_\_

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

Employer Name \_\_\_\_\_

Employer Street \_\_\_\_\_

Employer PO Box \_\_\_\_\_

Employer City, State \_\_\_\_\_

Title - Job Description \_\_\_\_\_