

This is a private record.

Name

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City, State, Zip

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Email

I am Plaintiff/Petitioner Plaintiff/Petitioner's Attorney (Utah Bar #: _____)

In the District Justice Court of Utah

_____ Judicial District _____ County

Court Address _____

<p>In Re:</p> <p>_____</p> <p>Petitioner</p>	<p>Petition to Expunge Records Cannabis Conviction Utah Code 77-40a-305(4)</p> <p>_____</p> <p>Case Number</p> <p>_____</p> <p>Judge</p>
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1. Conviction record

I was convicted of cannabis possession in court case number

_____.

2. Certificate of eligibility

I am not required to receive a certificate of eligibility for expungement to proceed with this petition. Utah Code 77-40a-305(4).

3. Qualifying condition (Utah Code 26-61a-104)

At the time of my arrest or citation leading to the conviction, I had the following qualifying condition which would have allowed me to use medical cannabis to treat symptoms (Choose all that apply):

HIV or acquired immune deficiency syndrome

Alzheimer's disease

- [] amyotrophic lateral sclerosis
- [] cancer
- [] cachexia
- [] persistent nausea not significantly responsive to traditional treatment, but not nausea related to:
 - pregnancy;
 - cannabis-induced cyclical vomiting syndrome; or
 - cannabinoid hyperemesis syndrome
- [] Crohn's disease or ulcerative colitis
- [] epilepsy or debilitating seizures
- [] multiple sclerosis or persistent and debilitating muscle spasms
- [] post-traumatic stress disorder (meeting the requirements described in Utah Code 26-61a-104(2)(j))
- [] autism
- [] a terminal illness when the patient's remaining life expectancy is less than six months
- [] a condition resulting in the individual receiving hospice care
- [] a rare condition or disease that:
 - affects less than 200,000 individuals in the United States, as defined in Section 526 of the Federal Food, Drug, and Cosmetic Act; and
 - is not adequately managed despite treatment attempts using:
 - conventional medications other than opioids or opiates; or
 - physical interventions;
- [] pain lasting longer than two weeks that is not adequately managed, in the qualified medical provider's opinion, despite treatment attempts using:
 - conventional medications other than opioids or opiates; or
 - physical interventions
- [] a condition approved by the Compassionate Use Board. I have attached proof of the Board's approval.

4. **Form of cannabis** (Utah Code 26-61a-102(32))

At the time of my arrest or citation leading to the conviction, the cannabis in my possession was in the following form to medicinally treat my condition (Choose all that apply).

Processed medical cannabis or a medical cannabis product:

- a tablet
- a capsule
- a concentrated liquid or viscous oil
- a liquid suspension
- a topical preparation
- a transdermal preparation
- a sublingual preparation
- a gelatinous cube, gelatinous rectangular cuboid, or lozenge in a cube or rectangular cuboid shape
- a resin or wax

Unprocessed cannabis flower in a container described in Utah Code 4-41a-602 that:

- contains cannabis flowers in a quantity that varies by no more than 10% from the stated weight at the time of packaging;
- at any time the medical cannabis cardholder transports or possesses the container in public, is contained within an opaque, child-resistant bag that the medical cannabis pharmacy provides; and
- is labeled with the container's content and weight, the date of purchase, the legal use termination date.

A form measured in grams, milligrams, or milliliters.

5. **Amount of cannabis** (Utah Code 26-61a-102(16))

At the time of my arrest or citation leading to the conviction, the cannabis in my possession was in an amount to medicinally treat my condition and did not exceed (Choose all that apply):

- 113 grams by weight (unprocessed cannabis in a medicinal dosage form)
- 20 grams of total composite tetrahydrocannabinol (cannabis product in a medicinal dosage form)

6. **Public interest**

Expunging the crime(s) will not harm the public's interests because:

7. **Request**

I ask the court to order expungement of the record identified above, and order state, county and local government agencies to expunge related records in their possession or control.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Motion to Remove Link Between Personal Identifying Information and Dismissed Criminal Case or Denied Request for Civil Protective Order or Stalking Injunction on the following people.

Person's Name	Service Method	Service Address	Service Date
(Prosecuting attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Date Signature ► _____
Printed Name _____