

This is a private record.

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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: _____ Petitioner</p>	<p>Petition to Expunge Records (Cannabis Conviction) Utah Code 77-40-103(5)</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 qualified to receive a certificate of eligibility for expungement for this conviction, but I qualify for expungement of this record under Utah Code 77-40-103(5).
- 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 Section 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**

The following explains why expunging the crime(s) is not contrary to the public's interests.

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 _____