

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: _____

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: _____

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.