

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)

**FORM A:**  
Use this form for Expungement  
or Resentencing if you are  
currently serving your sentence

**IN THE JUSTICE COURT OF ROSEBUD COUNTY, STATE OF MONTANA**

In re the Expungement or Resentencing of the Marijuana-Related Conviction of  _____ Petitioner.	<b>Case No:</b> _____  Petition for Expungement or Resentencing of Conviction
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I hereby petition this Court for resentencing or redesignation of the following conviction in accordance with the Montana Marijuana Regulation and Taxation Act (MMRTA).

Venue for this Petition is proper in this Court because this is the Court in which I was sentenced for this offense.

On or about \_\_\_\_\_ (date), I was convicted of the following offense that I believe is eligible for resentencing or redesignation under the MMRTA:

- Criminal Distribution of Dangerous Drugs (marijuana),  
in violation of § 45-9-101, MCA;
- Criminal Possession of Dangerous Drugs (marijuana),  
in violation of § 45-9-102, MCA;
- Criminal Possession with Intent to Distribute (marijuana),  
in violation of § 45-9-103, MCA;
- Criminal Production or Manufacture of Dangerous Drugs (marijuana),  
in violation of § 45-9-110, MCA;
- Criminal Possession of Drug Paraphernalia (marijuana),  
in violation of § 45-10-103, MCA;

- Manufacture or Delivery of Drug Paraphernalia (marijuana),  
in violation of § 45-10-104, MCA;
- \_\_\_\_\_ (specify offense)

I am currently serving my sentence for this conviction.

I believe this conviction is eligible for  expungement /  resentencing as a misdemeanor /  resentencing as a civil infraction because \_\_\_\_\_

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I  am /  am not requesting a hearing on this Petition.

I have filed the following documents along with this Petition:

- A copy of my criminal record from the Montana Department of Justice. *(required)*
- My Certificate of Service that indicates how I served copies of these documents upon the County Attorney for the County in which I am filing this Petition. *(required)*
- A copy of the Judgment or Sentencing Order for this conviction. *(recommended)*
- A proposed Order granting this Petition.
- Other: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(date) (month) (year)

\_\_\_\_\_  
*(your signature)*

\_\_\_\_\_  
*(print your name)*