
Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

FORM B:
Use this form for
Expungement or
Redesignation where
Sentence has been served

IN THE JUSTICE COURT OF ROSEBUD COUNTY, STATE OF MONTANA

In re the Expungement or Redesignation of the Marijuana-Related Conviction of _____ Petitioner.	Case No: _____ Petition for Expungement or Redesignation of Conviction
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I hereby petition this Court for expungement 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 expungement 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 completed my sentence for this conviction on or about _____.

I believe this conviction is eligible for expungement / redesignation as a
misdemeanor / redesignation as a civil infraction because _____

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)