

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

State of Oregon

Case No: _____

v.

**MOTION TO AMEND OR SET ASIDE
CONVICTION FOR MARIJUANA
OFFENSE
and DECLARATION IN SUPPORT**

Defendant

DOB: _____

SID#: _____

No filing fee

Fingerprint number (FPN #) *if known*: _____

MOTION

I am the Defendant in this case. I was convicted of a marijuana-related offense. I ask the court to:

set aside the conviction

or

enter an amended judgment of conviction reflecting the current lower-level classification of the charge I was convicted of

STATEMENT OF POINTS AND AUTHORITIES

ORS 475C.397 requires the court to set aside qualifying marijuana convictions with no waiting period unless the prosecuting attorney files an objection within 30 days of the motion filing date stating that the conviction is not a “qualifying marijuana conviction.”

ORS 137.222 requires the court to grant reclassification of a marijuana conviction if the degree or category of offense has been reduced since the conviction unless the prosecuting attorney files an objection regarding the eligibility of the charge for reduction or completion of/compliance with sentencing requirements within 30 days of the motion filing date.

DECLARATION IN SUPPORT

Conviction details: *(check all that apply)*

For set-aside:

The actions I was convicted for occurred before July 1, 2015
and

I was convicted:

of a marijuana offense based on conduct described in ORS 475C.305
For the following crime *(if known)*: _____

for possession of less than one ounce of dried leaves, stems, or flowers of marijuana

For reduction of charge:

I was convicted of an offense that has since been reduced from a felony to a misdemeanor, to a lower level felony or misdemeanor, or from a crime to a violation

I have fully completed, complied with, or performed all terms of the sentence of the court

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.

Date

Signature

Name (typed or printed)

Address

City/State/Zip

Phone Number

Certificate of Mailing

I certify that on *(date)*: _____ I placed a true and complete copy of this *Motion to Amend or Set Aside Conviction for Marijuana Offense and Declaration in Support* in the United States mail to the District Attorney at *(address)*: _____

Date

Signature

Name (typed or printed)