



Notification of a Criminal Charges by Investigating Agency

FORM

13D

Colorado Department of Law - POST
1300 Broadway 9th Floor
Denver, CO 80203
post@coag.gov 720-508-6721 FAX 866-858-7486

July 2025

HB 25-1136
§ 24-31-321(1)(h) C.R.S.

Agency Name (or name of organization submitting form)		Name of Agency Executive Submitting Form	
Executive Phone Number		Executive Email Address	
Peace Officer - Last Name	Peace Officer – First Name	Middle Name	
Peace Officer Last Known Address	City	State	Zip
Peace Officer Personal Email Address		Peace Officer Personal Cell Phone	
Date(s) of Employment: _____		Date(s) of Incident: _____	
Peace Officer Date of Birth: _____		Colorado PID# _____ (000000 or 0000-0000)	

Please check the applicable box below.

- ☐ The certificate holder is the subject of criminal charges for a crime that could result in revocation or suspension pursuant to 24-31-305 or 24-31-904 POST Rule 1. (Includes ALL felonies. See POST website for list of misdemeanors which affect certification).

Statute	Date of Offense	Docket Number (if already filed)	Court (if already filed)	Comments

Please retain documentation of investigative details for possible future review, if applicable.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY **MAY RESULT IN CRIMINAL PROSECUTION.**

Agency Executive's Signature _____ Date _____