

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#: \_\_\_\_\_

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

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**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 475B.301  
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)