

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____



Representing Self, without a Lawyer OR Attorney for State OR Defendant

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

STATE OF ARIZONA, Plaintiff

Case Number: _____

vs

APPLICATION to SET ASIDE
CONVICTION - A.R.S. § 13-905

DEFENDANT (First, MI, Last)

Note: Includes application to restore firearm
rights pursuant to A.R.S. § 13-905(M)

Date of Birth: _____

If applicable, check the appropriate box(es) below:

Applicant is:

- Defendant
- Attorney for Defendant
- Probation Officer

- Request for Reconsideration for previously
denied Set Aside
- Request for Reconsideration for previously
denied Certificate of Second Chance
- Request for Certificate of Second Chance
(when previous Set Aside has been
granted)

SECTION I. CONVICTION(S)

A Judgment of Guilt was entered in the Superior Court of Arizona in Maricopa County against me, the
defendant, on the _____ day of _____, 20_____, on the conviction of:

1. Count I: _____
2. Count II: _____
3. Count III: _____
4. Count IV: _____

Additional counts continue on a separate page.

SECTION II. SENTENCE COMPLIANCE

1. This is my first felony conviction in this or any other State, OR

I have also been convicted of a felony in the following Court(s):

Court Name: _____ in case number _____

Court Name: _____ in case number _____

Additional cases and convictions continue on a separate page.

2. I was sentenced to: a term of probation the Department of Corrections

3. I completed the conditions of probation. The Probation Department's order discharging me from probation is attached to this application, if available.

4. I have complied with all the required terms of the sentence (including all probation, employment, classes, community service, victim restitution or other court ordered monetary obligations, drug/alcohol testing, or other requirements.)

5. I have not complied with all terms of my sentence. Explain: _____

6. I received a Certificate of Absolute Discharge from Imprisonment from the Arizona Department of Corrections AND have attached a copy of that Certificate to this application, if available.

7. Have you paid victim restitution in full? Yes No

If not, a set aside of judgment of conviction will be denied without a showing of extraordinary circumstances. If you believe you have extraordinary circumstances, explain below. (Attach documentation you think is relevant for the court's consideration.)

8. Have you paid all other court-ordered monetary obligations in this case (criminal fines and fees) in full? Yes No

If no, please explain: _____

In some circumstances, you may be eligible to apply to the court to modify the amount owed or convert monies owed to community restitution.

SECTION III. PRIOR SET ASIDE(S)

Have you previously applied to set aside any conviction? Yes No

If so, what was the date of your last application? _____

1. Have you previously been granted a set aside? Yes No

If so, was the set aside on a felony conviction? Yes No

2. If you have previously been granted a set aside on a felony conviction, did you receive a certificate of second chance? Yes No

3. Have you previously been denied a set aside? Yes No

SECTION IV. PENDING CASES AND ACTIVE WARRANTS

1. Are there any open criminal cases against you? Yes No

2. Do you have an active warrant? Yes No

If yes to either question above, please explain: _____

SECTION V. CERTIFICATE OF SECOND CHANCE

1. Are you requesting a Certificate of Second Chance? Yes No

2. Have you ever received a Certificate of Second Chance before? Yes No

If Yes, in what case(s)?

Case Number: _____

Court Name: _____ in case number _____

Court Name: _____ in case number _____

3. Have you ever requested a Certificate of Second Chance, but were denied?

Yes No

If Yes, what has changed that would allow you to receive a Certificate of Second Chance?

SECTION VI. OTHER INFORMATION FOR THE COURT

1. Is there anything you would like the court to take into consideration? _____

2. Attach any other information you would like the court to consider. List attached documents:

3. The Court may decide on this application without a hearing unless a hearing is requested by you, the prosecutor's office, or the victim. (Check the box below if you are requesting a hearing.)

Hearing requested? Yes No

I understand that this application may be denied if information in this application is found to be inaccurate.

I understand that even if I am granted the right to possess and carry a firearm pursuant to this application, I may still be prohibited from possessing and carrying a firearm under other state or federal law.

Case Number: _____

I declare under penalty of perjury that, to the best of my knowledge, the information provided in this application and any attachments is true and correct.

Applicant's Name Printed

Applicant's Signature

Applicant's Address

AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT

I authorize _____ Attorney, or Probation Officer to petition the Superior Court of Arizona in Maricopa County, to take the above-indicated action.

Date

Defendant's Signature

To the best of my knowledge, the information provided in this application is true and correct.

Print Attorney/Probation Officer Name

Attorney/Probation Officer Signature

Attorney/Probation Officer Address