

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_



For Clerk's Use Only

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-**

**PETITION TO EXPUNGE  
MARIJUANA-RELATED OFFENSE  
RECORDS and RESTORE CIVIL  
RIGHTS, INCLUDING FIREARMS  
RIGHTS, PURSUANT TO  
A.R.S. § 36-2862**

\_\_\_\_\_  
**DEFENDANT (First, MI, Last)**

**Date of Birth:** \_\_\_\_\_

The above-named Petitioner, pursuant to A.R.S. § 36-2862, hereby requests that the Court order expungement of Petitioner's criminal history records and, if applicable, restoration of Petitioner's civil rights. As grounds for this petition, Petitioner states as follows:

**A. REQUIRED INFORMATION**

**1. Eligible Charge.**

I hereby request that the law enforcement and court records for the following offense, eligible under ARS § 36-2862, be expunged. (Choose from the following; if you had more than one eligible offense under more than one case number, file a separate petition for each offense.)

- Possessing, consuming, or transporting two and one-half (2 ½) ounces or less of marijuana, of which not more than twelve and one-half (12 ½) grams was in the form of marijuana concentrate.
- Possessing, transporting, cultivating, or processing not more than six (6) marijuana plants at my primary residence for personal use.

Possessing, using, or transporting paraphernalia relating to the cultivation, manufacture, processing, or consumption of marijuana.

2. Name of citing or arresting law enforcement agency: \_\_\_\_\_

3. Superior Court case number: \_\_\_\_\_

**B. ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE CHARGE(S)**  
(Complete all fields known to you)

1. I was arrested on (insert date): \_\_\_\_\_.

2. My court case began in a Justice Court:  Yes  No.

If Yes, the name of the Justice Court is: \_\_\_\_\_,  
and the Justice Court case number is: \_\_\_\_\_.

3. Name of prosecuting agency: \_\_\_\_\_.

4. I was convicted of the offense:  Yes  No.

If Yes, insert date of the conviction here: \_\_\_\_\_.

5. One or more non-eligible charges were filed against me in this same case:  
 Yes  No.

6. My sentence included a term of probation:  Yes  No.

7. My case was dismissed:  Yes  No.

If Yes, insert date of dismissal here: \_\_\_\_\_.

8. There is an outstanding arrest warrant in this case:  Yes  No.

9. There is an active payment plan on my case:  Yes  No.

**C. SUPPORTING DOCUMENTATION (Optional)**

Attached is documentation that supports my petition. (The court may find it helpful to have documents that support your request for expungement, for example, the complaint against you, judgment and sentencing order, payment plan, or any other official document showing a superior court case number, crime lab report showing weight of marijuana seized, or DPS

or FBI case extract. However, you are not required to provide any supporting documents.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. HEARING REQUEST**

I understand that I can request a hearing on my petition, but the court may choose to proceed without a hearing. I hereby request a hearing:  Yes  No.

**E. ACKNOWLEDGMENT REGARDING RESTORATION OF FIREARM RIGHTS**

I understand that even if I am granted restoration of my civil rights, including firearm rights pursuant to this petition, I may still be prohibited from having my civil rights restored or the right to possess and carry a firearm under other state or federal laws.

**DECLARATION:**

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

**I understand that this petition may be dismissed if the information I have provided is insufficient. I also understand that this petition may be denied if information in this petition is found to be inaccurate.**

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Mailing Address

\_\_\_\_\_  
Petitioner's Email Address

\_\_\_\_\_  
Petitioner's Phone Number

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

\_\_\_\_\_  
Attorney's Name Printed

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Attorney's Bar Number

\_\_\_\_\_  
Attorney's Mailing Address

\_\_\_\_\_  
Attorney's Phone Number and Email Address