

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 \_\_\_\_\_



SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY

In the Matter of:

Case No(s): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

APPLICATION to RESTORE  
FIREARM RIGHTS  
(A.R.S. § 8-249)

\_\_\_\_\_  
Applicant's Date of Birth

STATEMENTS TO AND REQUEST(S) OF THE COURT

I request the Court restore my right to possess a firearm pursuant to A.R.S. § 8-249. The statement checked below is true and accurate.

Choose only one.

I was adjudicated for a felony offense and it has been at least 2 years since I was discharged from probation. I have not been adjudicated delinquent for a dangerous offense under A.R.S. § 13-704, a serious offense as defined in A.R.S. § 13-706, burglary in the first degree, burglary in the second degree, or arson.

OR

I was adjudicated delinquent for a dangerous offense under A.R.S. § 13-704 or a serious offense as defined in A.R.S. § 13-706, burglary in the first degree, burglary in the second degree or arson and I am at least thirty (30) years of age.

Case No.: \_\_\_\_\_

I understand that even if I am granted the right to possess a firearm by the Court in this case, I may still be prohibited from possessing a firearm under other state and federal laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Attorney  
(if applicable)

\_\_\_\_\_  
Date