

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing Self or Lawyer for _____
Lawyer's Bar Number: _____

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

STATE OF ARIZONA

Case Number: _____

-vs-

**APPLICATION TO SET ASIDE
CONVICTION
(A.R.S. § 13-905)**

Defendant (FIRST, MI, LAST)

Date of Birth: _____

Applicant is:

- Defendant
- Attorney for Defendant
- Probation Officer

Note: Your application may entitle you to restoration of the right to possess and carry a firearm pursuant to A.R.S. § 13-905(O)

SECTION I. CONVICTION(S)

A Judgment of Guilt was entered in the _____ Court against the defendant on the _____ day of _____, _____, 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. I have complied with all required terms of the **sentence** (including all probation, employment, classes, community restitution, victim restitution or other monetary obligations, drug/alcohol testing, or other requirements). **Yes** **No**. If no, please explain:

2. I received a certificate of absolute discharge from the Arizona Department of Corrections.
 Yes No.

3. Victim restitution has has not been paid in full or was not ordered.
If victim restitution has not been paid in full, please explain:

4. All other court-ordered monetary obligations have have not been paid in full or were not ordered.

If all other monetary obligations have not been paid in full, 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)

1. Have you previously applied to set aside any conviction? Yes No. If so, what was the date of your last application? _____
2. Have you previously been granted a set aside? Yes No. If so, was the set aside on a felony conviction? Yes No.
3. If you have previously been granted a set aside on a felony conviction, did you receive a certificate of second chance? Yes No N/A.
4. Have you previously been denied a set aside? Yes No.

SECTION IV. PENDING CASES

1. Are there any open criminal cases against you? Yes No. If yes, please explain:

SECTION V. OTHER INFORMATION FOR THE COURT

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

Case Number: _____

2. Attached is other pertinent documentation. List attached documents:

3. The defendant, prosecutor, or the victim may request a hearing, but the court is not required to set a hearing. Do you request a hearing? Yes No.

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 laws.

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

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.

Print Defendant's Name

Defendant's Signature

Address

OR

AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT

I authorize _____ Attorney, or Probation Officer to

petition the _____ Court in _____ County, to take the above-indicated action.

Date

Defendant's Signature

Case Number: _____

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