RESET

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

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY

STATE OF ARIZONA

-vs-

_____

Defendant (FIRST, MI, LAST)

Date of Birth:_____

Applicant is:

☐ Defendant
☐ Attorney for Defendant
☐ Probation Officer

Case Number: _____

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

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 restored 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