

Person Filing: _____
Mailing address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
If Attorney, State Bar Number: _____

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

In the Matter of:

Case Number(s): JV _____

(Applicant's Name)

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

(Applicant's Date of Birth)

(USE BLACK OR BLUE INK: PRINT LEGIBLY)

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 Number(s): _____

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

Date

Applicant's Signature

Date

Signature of Applicant's Attorney (if applicable)

CERTIFICATE OF SERVICE

I provided a copy of this Application to the County Attorney on _____ day of _____,
_____ by

mail

hand delivery.

Date

Applicant or Applicant's Attorney Signature