

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-

\_\_\_\_\_  
Defendant (FIRST, MI, LAST)

**APPLICATION FOR CERTIFICATE  
OF SECOND CHANCE**

A.R.S. § 13-905

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

Applicant is:

Defendant

Attorney for Defendant

The Defendant in the case identified above hereby requests a Certificate of Second Chance pursuant to A.R.S. § 13-905.

Defendant is eligible for a Certificate of Second Chance because Defendant previously received a set aside order on \_\_\_\_\_ in this case that did not include a Certificate of Second Chance.

Defendant DID NOT previously receive a Certificate of Second Chance on the set aside of a felony conviction.

***Please note:*** To qualify for a Certificate of Second Chance, those applicants who were convicted of a class 4, 5, or 6 felony must wait to submit an application until two years after fulfilling the conditions of probation or sentence. Those applicants who were convicted of a class 2 or 3 felony must wait five years after fulfilling the conditions of probation or sentence. Applicants convicted of a misdemeanor may immediately apply.

**CONVICTION(S) IN THIS CASE**

A Judgment of Guilt was entered in this Court against the defendant on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on the conviction of:

Count I: \_\_\_\_\_

Count II: \_\_\_\_\_

Count III: \_\_\_\_\_

Count IV: \_\_\_\_\_

[ ] Additional counts continue on a separate page.

**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 my Attorney \_\_\_\_\_ to file this application for a Certificate of Second Chance with the Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant's Signature

Case Number: \_\_\_\_\_

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

\_\_\_\_\_  
Print Attorney Name

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney Address