

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

For Clerks Use Only

## 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:

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

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:

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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:

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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:

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### SECTION V. OTHER INFORMATION FOR THE COURT

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

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

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

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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