

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

\_\_\_\_\_ **COURT OF ARIZONA**  
**IN** \_\_\_\_\_ **COUNTY**

STATE OF ARIZONA

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

-vs-

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

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

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

**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)

Applicant is:

- Defendant
- Attorney for Defendant
- Probation Officer

**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**.
3. 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?

---

---

---

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**.

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

**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

**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