

Person Filing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

*(Attorney or LDP only):*

State Bar or LDP Number: \_\_\_\_\_

Party you are representing: \_\_\_\_\_

### In the Superior Court of Arizona for Mohave County

<p>In the Matter of,</p> <p>_____</p> <p><i>(FIRST, MI, LAST)</i></p> <p>Address: _____</p> <p>Date of Birth: _____</p>	<p>Case Number:</p> <p>_____</p> <p style="text-align: center;"><b>Petition to Expunge Marijuana-Related Offense Records and to Restore Firearm Rights, Pursuant to A.R.S. § 36-2862</b></p>
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The above-named Petitioner, pursuant to A.R.S. § 36-2862, hereby requests that the Court order expungement of Petitioner’s juvenile delinquency records. As grounds for this petition, Petitioner states as follows:

#### **A. REQUIRED INFORMATION**

**1. Eligible Charge.** I hereby request that the law enforcement and court records for the following juvenile delinquency offense, eligible under A.R.S. § 36-2862, be expunged (*choose from the following; if you had more than one eligible offense under more than one case number, file a separate petition for each offense*):

- Possessing, consuming, or transporting two and one-half ounces or less of marijuana, of which not more than twelve and one-half grams was in the form of marijuana concentrate.
- Possessing, transporting, cultivating, or processing not more than six marijuana plants at my primary residence for personal use.
- Possessing, using, or transporting paraphernalia related to the cultivation, manufacture, processing, or consumption of marijuana.

2. Name of citing or referring/arresting law enforcement agency: \_\_\_\_\_.

3. Juvenile court case number: \_\_\_\_\_.

4. My name at the time of referral/arrest was (*if different*): \_\_\_\_\_.

**B. ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE CHARGE(S)**

(Complete all fields known to you)

1. I was referred/arrested on [insert date]: \_\_\_\_\_.
2. Name of prosecuting agency: \_\_\_\_\_.
3. I was adjudicated delinquent for the offense [  ] **Yes** [  ] **No**. If Yes, insert date of adjudication here: \_\_\_\_\_.
4. One or more non-eligible charges were filed against me in this same case [  ] **Yes** [  ] **No**.
5. My disposition included a term of probation [  ] **Yes** [  ] **No**.
6. My case was dismissed [  ] **Yes** [  ] **No**. If Yes, insert date of dismissal here: \_\_\_\_\_.
7. There is an outstanding arrest warrant in this case [  ] **Yes** [  ] **No**.
8. There is an active payment plan on my case [  ] **Yes** [  ] **No**.

**C. SUPPORTING DOCUMENTATION (Optional)**

Attached is documentation that supports my petition (*The court may find it helpful to have documents that support your request for expungement, for example, the citation or juvenile court petition against you, adjudication and disposition order, payment plan, or any other official document showing a juvenile court case number, crime lab report showing weight of marijuana seized; or DPS or FBI case extract. However, you are not required to provide any supporting documents*):

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**D. HEARING REQUEST**

I understand that I can request a hearing on my petition, but the court may choose to proceed without a hearing. I hereby request a hearing [  ] **Yes** [  ] **No**.

**E. ACKNOWLEDGEMENT REGARDING RESTORATION OF FIREARM RIGHTS**

I understand that even if I am granted restoration of my civil rights, including firearm rights pursuant to this petition, I may still be prohibited from having my civil rights restored or the right to possess and carry a firearm under other state or federal laws.

**DECLARATION**

**I declare under penalty of perjury that the information I have provided in this petition and any attachments is true and correct to the best of my knowledge.**

**I understand that this petition may be dismissed if the information I have provided is insufficient. I also understand that this petition may be denied if information in this petition is found to be inaccurate.**

\_\_\_\_\_  
(Petitioner's Signature) (Date)

\_\_\_\_\_  
(Petitioner's Mailing Address)

\_\_\_\_\_  
(Petitioner's Email Address)

\_\_\_\_\_  
(Petitioner's Phone Number)

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

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*(Attorney's name printed)*

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*(Attorney's signature)*

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*(Attorney's Bar Number)*

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*(Attorney's Mailing Address)*

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*(Attorney's Phone Number and Email Address)*