



Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer OR Attorney for _____

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

In the Matter of:

Case Number: _____

(FIRST, MI, LAST)

**PETITION TO EXPUNGE
MARIJUANA-RELATED OFFENSE
RECORDS and to RESTORE
FIREARMS RIGHTS, PURSUANT TO
A.R.S. § 36-2862**

Address: _____

Date of Birth: _____

The above-named Petitioner, pursuant to A.R.S. § 36-2862, hereby requests that the Court order expungement of Petitioner's juvenile delinquency records and restoration of Petitioner's firearms rights (if applicable). 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 ARS § 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 (2 ½) ounces or less of marijuana, of which not more than twelve and one-half (12 ½) grams was in the form of marijuana concentrate.
- Possessing, transporting, cultivating, or processing not more than six (6) marijuana plants at my primary residence for personal use.
- Possessing, using, or transporting paraphernalia relating to the cultivation, manufacture, processing, or consumption of marijuana.

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

3. Either:

a. I have a Juvenile Court case number which is: _____
_____.

OR

b. I completed diversion. (If you completed diversion, you will not have a 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 the 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.)

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. ACKNOWLEDGMENT 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.

Attorney's Name Printed

Attorney's signature

Attorney's Bar Number

Attorney's Mailing Address

Attorney's Phone Number and Email Address