



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  State OR  Defendant

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY**

**STATE OF ARIZONA, Plaintiff**

**-vs-**

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

**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:** Includes application to restore  
firearm rights pursuant to A.R.S. § 13-  
905(M)

If applicable, check the appropriate  
box(es):

- REQUEST FOR  
RECONSIDERATION FOR  
PREVIOUSLY DENIED SET  
ASIDE**
- REQUEST FOR  
RECONSIDERATION FOR  
PREVIOUSLY DENIED  
CERTIFICATE OF  
SECOND CHANCE**
- REQUEST FOR CERTIFICATE  
OF SECOND CHANCE** (when  
previous set aside has been granted)

**SECTION I. CONVICTION(S)**

A Judgment of Guilt was entered in the Superior Court of Arizona in Maricopa County against me, the defendant, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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.  This is my first felony conviction in this or any other State.

OR

I have also been convicted of a felony in the following Court(s):

Court Name: \_\_\_\_\_ in case number \_\_\_\_\_

Court Name: \_\_\_\_\_ in case number \_\_\_\_\_

(Attach a separate page for additional cases and convictions)

2. I was sentenced to:  a term of probation  the Department of Corrections

3.  I completed the conditions of probation. The Probation Department’s order discharging me from probation is attached to this application, if available.

4.  I have complied with all the required terms of the sentence (including all probation, employment, classes, community service, victim restitution or other court ordered monetary obligations, drug/alcohol testing, or other requirements.)

5.  I have not complied with all terms of my sentence. Explain: \_\_\_\_\_

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6.  I received a Certificate of Absolute Discharge from Imprisonment from the Arizona Department of Corrections AND have attached a copy of that Certificate to this application, if available.

7. Have you paid victim restitution in full?  Yes  No

If not, a set aside of judgment of conviction will be denied without a showing of extraordinary circumstances. If you believe you have extraordinary circumstances, explain below. (Attach documentation you think is relevant for the court's consideration.)

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8. Have you paid all other court-ordered monetary obligations in this case (criminal fines and fees) in full?

Yes  No If not, please explain:

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In some circumstances, you may be eligible to apply to the court to mitigate 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 AND ACTIVE WARRANTS**

1. Are there any open criminal cases against you?  Yes  No  
2. Do you have an active warrant?  Yes  No

If yes to either question above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. CERTIFICATE OF SECOND CHANCE**

1. Are you requesting a Certificate of Second Chance?  Yes  No  
2. Have you ever received a Certificate of Second Chance before?  Yes  No

If Yes, in what case(s)?

Court Name: \_\_\_\_\_ in case number \_\_\_\_\_

Court Name: \_\_\_\_\_ in case number \_\_\_\_\_

3. Have you previously requested a Certificate of Second Chance but were denied for not having met the requirements?  Yes  No

If Yes, what has changed that would allow you to receive a Certificate of Second Chance?

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**SECTION VI. OTHER INFORMATION FOR THE COURT**

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

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2.  Attach any other information you would like the court to consider. List attached documents:

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3. The court may decide on this application without a hearing unless a hearing is requested by you, the prosecutor's office, or the victim. (Check the box below if you are requesting a hearing.)

Hearing requested?                       Yes                       No

**I understand that this application may be denied if information in this application is found to be inaccurate.**

**I understand that even if I am granted the right to possess a firearm under Arizona law, it may not give me the right to possess a firearm under federal law.**

**I declare under penalty of perjury that the information provided in this application and any attachments is true and correct.**

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address

**AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT**

I authorize \_\_\_\_\_  Attorney, or  Probation Officer to petition the Superior Court of Arizona in Maricopa County, to take the above-indicated action.

\_\_\_\_\_  
Date

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