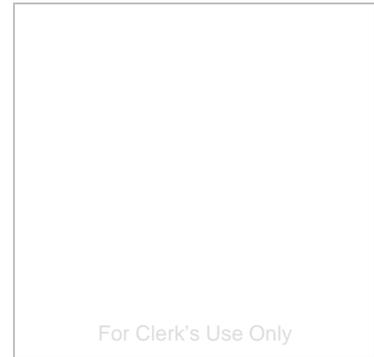


Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
State of Arizona

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

### NOTICE OF REQUEST FOR POST- CONVICTION RELIEF

\_\_\_\_\_  
Defendant (First, MI, Last)

### STATEMENTS MADE TO THE COURT, UNDER OATH OR AFFIRMATION:

**1. INFORMATION ABOUT ME, the DEFENDANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Prison/Inmate Number (if any): \_\_\_\_\_

**2. INFORMATION ABOUT MY CONVICTION:** I was convicted of the following crime(s):  
Common Name Statute Number (A.R.S.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. INFORMATION ABOUT MY SENTENCE:**

Defendant was Sentenced on (date): \_\_\_\_\_, 20\_\_\_\_

To a TERM of \_\_\_\_\_, beginning on (date) \_\_\_\_\_, 20\_\_\_\_,

Following a: (Place a check mark in the box below that applies.)

- Trial by jury
- Trial to Judge without a Jury
- Plea of Guilty
- Plea of No Contest
- Probation Revocation Admission
- Probation Revocation Violation Hearing in the Superior Court in \_\_\_\_\_ County with judicial officer \_\_\_\_\_ presiding.

The file number of this case was CR-\_\_\_\_\_.

**4. OTHER ACTIONS TO SECURE RELIEF:** Defendant has taken the following actions to get relief from his/her convictions or sentences. (Check the box below that applies to you):

- Direct Appeal - YES  or NO
- Previous Rule 32 Proceedings - YES  or NO

**5. INFORMATION ABOUT ATTORNEY REPRESENTATION:** (Check the boxes that apply.)

**A.** Defendant was represented by the following lawyers:

(Write in the name and address of the lawyer below):

- Trial or Change of Plea: \_\_\_\_\_
- Sentencing Hearing: \_\_\_\_\_
- Appeal (If any): \_\_\_\_\_
- Previous Rule 32 Proceedings (If any): \_\_\_\_\_

**B.** Is Defendant raising a claim of ineffective assistance of counsel? YES  or NO

**C.** Is Defendant presently represented by a lawyer? YES  or NO  If "Yes", write lawyer's name and address here:  
\_\_\_\_\_

**D.** If at this time you are not represented by a lawyer; do you want the court to appoint a lawyer for this Post - Conviction proceeding? YES  or NO

**6. UNTIMELY NOTICE or PREVIOUS RULE 32 CASE:** Answer this section **ONLY IF** this is an untimely notice –or- the defendant has filed a previous Rule 32 petition in this case.

- Is a claim pursuant to Rule 32.1(d), (e), (f), (g), or (h) being raised in this petition? YES  or NO
- If YES, place a check mark in the appropriate box:
  - The defendant is being held in custody after the sentence imposed has been expired.
  - Newly discovered material facts exist which probably would have changed the verdict or sentence.

- The defendant's failure to file timely notice of post-conviction relief or notice of appeal was without fault on the defendant's part.
- There has been a significant change in the law that would probably overturn the conviction or sentence.
- Facts exist which establish by clear and convincing evidence that the defendant is actually innocent.
- **STATE THE FACTS** that support the claim and the reasons for not raising the claim in the previous petition or in a timely manner.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. NOTICE: I AM REQUESTING a HEARING FOR POST-CONVICTION RELIEF.**

**DECLARATION:** I declare under penalty of perjury that the information contained in this form and in any attachments is true to the best of my knowledge or belief. I also understand that the failure to raise any known ground for relief in my petition will prohibit me from raising it at a future date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

- 8. **AFFIDAVIT OF INDIGENCY:** I have requested the appointment of a lawyer to represent me in post-conviction proceedings. I swear under oath and penalty of perjury that I am indigent and because of my poverty I am financially unable to pay for the cost of a lawyer to represent me without incurring substantial hardship to myself or my family.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk or Notary Public