STATE (OF AR	IZONA
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CASE NUMBER:

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

Defendant Name / Address / Email / Phone

Note: Your application may entitle you to restoration of the right to possess and carry a firearm pursuant to A.R.S. §13-905(J).

 Defendant's Date of Birth:

 Applicant is:

Defendant Attorney for Defendant

Probation Officer

SECTION I. CONVICTION(S)

A J	udgm	ent of Guilt was entered in this Court against the defendant on the following date:
		nviction of:
	unt I:	
	unt II:	
	unt II unt IV	
		:
	Auui	ional 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? 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. 				
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 attachment is true and correct.					
Pri	int Defendant's Name Defendant's Signature				

Defendant's Mailing Address

AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT

I authorize Attorney, or Probation Officer to petition the Bagdad-Yarnell Justice Court in Yavapai 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