

Person Filing: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
 Representing Self  Attorney (Bar No. \_\_\_\_\_)

CLERK USE ONLY

CAREFREE-CAVE CREEK CONSOLIDATED COURT (0767)  
37622 N. Cave Creek Road, Suite B. Cave Creek, AZ 85331

(P) 480-488-1689 (F) 480-595-9610

**STATE OF ARIZONA**  
Plaintiff  
  
v.  
  
Defendant (First, MI, Last)

**Complaint/Docket No.**  
  
**APPLICATION TO SET ASIDE  
JUDGMENT  
(A.R.S. § 13-905)**

This application is made in conformance with A.R.S. § 13-905 and is addressed to the Judge who pronounced sentence or imposed probation or to said Judge's successor.

**SECTION I. CONVICTION(S)**

A Judgment of Guilt was entered in the \_\_\_\_\_ Court against the defendant on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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.  I have complied with all required terms of the imposed **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**  **Not applicable**.

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:

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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(s)? \_\_\_\_\_
- 2. Have you previously been granted a set aside? [  ] **Yes** [  ] **No.**
- 3. Have you previously been denied a set aside? [  ] **Yes** [  ] **No.**
- 4. Have you previously received a *Certificate of Second Chance*, for any other judgment, of any kind, including on a felony offense? [  ] **Yes** [  ] **No.** If yes, please identify in which court and the case number: \_\_\_\_\_

**PLEASE NOTE:** If your application is granted, the Court’s order setting aside your conviction must include a Certificate of Second Chance. This is **ONLY** if you have not previously received a set aside and certificate for any other judgment, of any kind, including a judgment on a felony offense. Please review A.R.S. § 13-905(K) for additional details about Certificates of Second Chance.

**SECTION IV. PENDING CASES**

- 1. Are there any open criminal cases against you? [  ] **Yes** [  ] **No.** 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.**

Case No: \_\_\_\_\_

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

\_\_\_\_\_  
Print Defendant's Name

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

\_\_\_\_\_  
Address

**OR**

**AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT**

I authorize \_\_\_\_\_ [ ] Attorney, or [ ] Probation Officer to petition the Carefree-Cave Creek Consolidated Court in Maricopa 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.**

\_\_\_\_\_  
Attorney/Probation Officer Name

\_\_\_\_\_  
Attorney/Probation Officer Signature

\_\_\_\_\_  
Attorney/Probation Officer Address

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