

(1) Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney Other _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(2) _____
Defendant

(3) Case Number: _____

APPLICATION TO:

- (4) Restore Civil Rights
 Vacate Judgment of Guilt and Dismiss
Charges (A.R.S. Title 13, Chapter 9)

(5) My Street Address: _____
City, State, Zip: _____
Phone Number: _____

(6) Date I was convicted: _____
Crimes for which I was convicted: _____
Date I was sentenced: _____
Court that sentenced me: _____
Judge who sentenced me: _____

(7) Date my probation began: _____ Date my probation ended: _____
Date of Court Order ending my probation: _____

(8) I ask the court to restore the following of my civil rights:

- the right to possess a gun or firearm
 all other rights

(9) I was sentenced for a felony in Mohave County Superior Court.
 I was discharged from probation.
 I was discharged from prison at least two years ago. A certificate of absolute discharge from the director of the State Department of Corrections is attached, or I was unable to get one because: _____

