

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

Defendant

Case Number: _____

Date of Birth: _____

**APPLICATION TO:
RESTORE CIVIL RIGHTS AFTER CONVICTION
OF TWO OR MORE FELONIES**

Defendant states:

1. On the _____ day of _____, 20_____, a Judgment of Guilt was entered against the Defendant in the Superior Court of Arizona, in Mohave County on a conviction of

a class _____felony.

2. On the _____ day of _____, 20_____, Defendant
- completed the conditions of probation and was discharged therefrom, the Order appearing in the Court file.
 - received from the Director of the Department of Corrections an absolute discharge from imprisonment, and has attached a copy hereto.

WHEREFORE Defendant requests in accordance with A.R.S. § 13-905, that the Court restore civil rights after two or more felony convictions.

Dated this _____ day of _____, 20_____.

(Defendant's Name) Printed

(Defendant's Signature

Defendant's full address and phone number