

Person Filing: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

Telephone Number(s): _____

(Attorney or LDP only):

State Bar or LDP Number: _____

Party you are representing: _____

In the Superior Court of Arizona for Mohave County

State of Arizona, Plaintiff vs. _____ Defendant (<i>FIRST, MI, LAST</i>) Date of Birth: _____	Case Number: _____ <p style="text-align: center;">Petition to Expunge Marijuana-Related Offense Records and to Restore Civil Rights, Including Firearm Rights, Pursuant to A.R.S. § 36-2862</p>
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The above-named Petitioner, pursuant to A.R.S. § 36-2862, hereby requests that the Court order expungement of Petitioner’s criminal history records. As grounds for this petition, Petitioner states as follows:

A. REQUIRED INFORMATION

1. Eligible Charge. I hereby request that the law enforcement and court records for the following offense, eligible under A.R.S. § 36-2862, be expunged (*choose from the following; if you had more than one eligible offense under more than one case number, file a separate petition for each offense*):

- Possessing, consuming, or transporting two and one-half ounces or less of marijuana, of which not more than twelve and one-half grams was in the form of marijuana concentrate.
- Possessing, transporting, cultivating, or processing not more than six marijuana plants at my primary residence for personal use.
- Possessing, using, or transporting paraphernalia related to the cultivation, manufacture, processing, or consumption of marijuana.

2. Name of citing or arresting law enforcement agency: _____.

3. Superior court case number: _____.

4. My name at the time of arrest was (*if different*): _____.

B. ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE CHARGE(S)

(Complete all fields known to you)

1. I was arrested on [insert date]: _____.
2. My court case began in a Justice Court [] **Yes** [] **No**. If Yes, insert name of Justice Court here: _____, and the Justice Court case number here: _____.
3. Name of prosecuting agency: _____.
4. I was convicted of the offense [] **Yes** [] **No**. If Yes, insert date of conviction here: _____.
5. One or more non-eligible charges were filed against me in this same case [] **Yes** [] **No**.
6. My sentence included a term of probation [] **Yes** [] **No**.
7. My case was dismissed [] **Yes** [] **No**. If Yes, insert date of dismissal here: _____.
8. There is an outstanding arrest warrant in this case [] **Yes** [] **No**.
9. There is an active payment plan on my case [] **Yes** [] **No**.

C. SUPPORTING DOCUMENTATION (Optional)

Attached is documentation that supports my petition *(The court may find it helpful to have documents that support your request for expungement, for example, the complaint against you, judgment and sentencing order, payment plan, or any other official document showing a superior court case number, crime lab report showing weight of marijuana seized; or DPS or FBI case extract. However, you are not required to provide any supporting documents):*

D. HEARING REQUEST

I understand that I can request a hearing on my petition, but the court may choose to proceed without a hearing. I hereby request a hearing [] **Yes** [] **No**.

E. ACKNOWLEDGEMENT REGARDING RESTORATION OF FIREARM RIGHTS

I understand that even if I am granted restoration of my civil rights, including firearm rights pursuant to this petition, I may still be prohibited from having my civil rights restored or the right to possess and carry a firearm under other state or federal laws.

DECLARATION

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

I understand that this petition may be dismissed if the information I have provided is insufficient. I also understand that this petition may be denied if information in this petition is found to be inaccurate.

(Petitioner's Signature)

(Date)

(Petitioner's Mailing Address)

(Petitioner's Email Address)

(Petitioner's Phone Number)

To the best of my knowledge, the information provided in this petition is true and correct.

(Attorney's name printed)

(Attorney's signature)

(Attorney's Bar Number)

(Attorney's Mailing Address)

(Attorney's Phone Number and Email Address)