

# TUCSON CITY COURT

103 E. Alameda Street • P.O. Box 27210 • Tucson, AZ 85726-7210 • Phone (520) 791-4216  
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State of Arizona, v. _____, Defendant.  DOB: _____	Case No.:   Citation No.:	<b>APPLICATION TO SET ASIDE JUDGMENT OF GUILT  AND MOTION FOR CERTIFICATE OF SECOND CHANCE</b>
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Pursuant to Arizona Revised Statutes (A.R.S.) §13-905, the Defendant moves to set aside the judgment(s) of guilt in the above-entitled matter to the extent permitted by law.

1. The Defendant avows that they have fulfilled the period and conditions of probation and/or sentence and were discharged by this Court. [  ] **Yes** [  ] **No**.

**ARE YOU REQUESTING A CERTIFICATE OF SECOND CHANCE?**

1. The Defendant avows that they have not previously received a certificate of second chance. [  ] **Yes** [  ] **No**.
2. 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 also 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 attachments is true and correct.**

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

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

\_\_\_\_\_  
Mailing Address, Email Address, and Phone Number

Case Number: \_\_\_\_\_

**AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT**

I authorize \_\_\_\_\_ [ ] Attorney, or [ ] Probation Officer to petition Tucson City Court, 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