



Maricopa County Justice Courts, Arizona

CASE NUMBER: _____

Person Filing Name / Address / Email / Phone

State Bar/LDP Number

Petitioner(s) Name / Address / Email / Phone

Date of Birth

PETITION TO EXPUNGE MARIJUANA-RELATED OFFENSE RECORDS

ARS §36-2862

The above-named Petitioner pursuant ARS §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 police and court records for the following offense, eligible under ARS §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 police agency: _____

3. Court case number: _____

4. The name I used at the time of arrest was (if different): _____

B. ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE CHARGE(S): *(Please complete all fields known to you.)*

1. I was arrested on (insert date): _____

2. Name of prosecuting agency: _____

3. One or more non-eligible charges were filed against me on this same case. Yes No

4. I was convicted of the eligible offense(s) Yes No

If yes, insert date of conviction here: _____

5. My case was dismissed on the eligible charge(s). Yes No

If yes, insert date of dismissal here: _____

6. There is an outstanding arrest warrant in this case. Yes No

7. There is an active payment plan in this case. Yes No

C. SUPPORTING DOCUMENTATION

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 Justice Court case number, crime lab report showing weight of marijuana seized; 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. DECLARATION AND ACKNOWLEDGMENTS

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.

Date: _____
_____ Petitioner's Signature

Petitioner current mailing address:

Street _____
City, State Zip _____
Phone () _____ - _____
E-Mail _____

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

Attorney current mailing address:

Street _____
City, State Zip _____
Phone () _____ - _____
E-Mail _____

Date: _____
_____ Attorney's signature

_____ Attorney's name printed

_____ Bar number

NOTICE TO THE STATE: You have 30 days from the filed date to respond to this Petition or the Petition may be granted under Rule 36(b)(2).

I CERTIFY that I delivered / mailed a copy of this document to:		
<input type="checkbox"/> MCAO	<input type="checkbox"/> Defendant	<input type="checkbox"/> Defendant's attorney
Date: _____	By _____	
		Clerk Signature