



# Maricopa County Justice Courts, Arizona

STATE OF ARIZONA

CASE NUMBER: \_\_\_\_\_

VS.

\_\_\_\_\_  
Deputy County Attorney / Address / Email /Phone

\_\_\_\_\_  
Defendant(s) Name / Address / Email / Phone

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Attorney for Defendant(s) Name / Address / Email /Phone

## APPLICATION FOR CERTIFICATE OF SECOND CHANCE

ARS 13-905(L)

Applicant is  Defendant  Attorney for Defendant

The Defendant in the case identified above hereby requests a Certificate of Second Chance pursuant to ARS § 13-905(L). Defendant is eligible for a Certificate of Second Chance because Defendant previously received a set aside order on \_\_\_\_\_ in this case that did not include a Certificate of Second Chance.

**Please note:** To qualify for a Certificate of Second Chance, those applicants who were convicted of a class 4, 5, or 6 felony must wait to submit an application until two years after fulfilling the conditions of probation or sentence. Those applicants who were convicted of a class 2 or 3 felony must wait five years after fulfilling the conditions of probation or sentence. Applicants convicted of misdemeanor may immediately apply.

### CONVICTION(S) IN THIS CASE

A Judgment of Guilt was entered in this Court against the defendant on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on the conviction of:

Count I: \_\_\_\_\_

Count II: \_\_\_\_\_

Count III: \_\_\_\_\_

Count IV: \_\_\_\_\_

Additional Counts: \_\_\_\_\_

I 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.

OR

### Authorization to Proceed on behalf of Defendant

I authorize my Attorney to file this application for a Certificate of Second chance with the Court.

Date: \_\_\_\_\_  
Print Defendant's Name Defendant's Signature

To the Best of my knowledge, the information provided in this application is true and correct.

Date: \_\_\_\_\_  
Print Attorney Name Attorney's Signature