



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 has has not previously received a Certificate of Second Chance for a felony.

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.

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 (A): _____

Count II (B): _____

Count III (C): _____

Count IV (D): _____

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 _____