

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing Self or Attorney Other _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
GILA COUNTY**

Defendant

Case Number: _____

Date of Birth: _____

**APPLICATION TO:
RESTORE CIVIL RIGHTS TO CARRY A FIREARM**

Defendant states:

1. On the _____ day of _____, 20_____, a Judgment of Guilt was entered against the Defendant in the Superior Court of Arizona, in Gila County on a conviction of

which has been designated as a _____felony or a _____ misdemeanor.

2. On the _____ day of _____, 20_____, which date is more than two years prior to the filing of this Application, Defendant

x completed the conditions of probation and was discharged therefrom, the Order appearing in the Court file.

x received from the Director of the Department of Corrections an absolute discharge from imprisonment, and has attached a copy hereto.

WHEREFORE Defendant requests in accordance with A.R.S. § 13-905(c) and 13-912, that the Court restore his/her civil rights to carry a firearm.

Dated this _____ day of _____, 20_____.

(Defendant's Name) Printed

(Defendant's Signature

Defendant's full address and phone number