## For Clerk's Use Only

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9	SUPERIOR COURT OF AR

## SUPERIOR COURT OF ARIZONA IN COUNTY

In the Matter of: Case Number(s): JV

-

(Applicant's Name)

APPLICATION TO RESTORE FIREARM RIGHTS (A.R.S. § 8-249)

(Applicant's Date of Birth)

(USE BLACK OR BLUE INK: PRINT LEGIBLY)

## STATEMENTS TO AND REQUEST(S) OF THE COURT

I request the court restore my right to possess a firearm pursuant to A.R.S. § 8-249. The statement checked below is true and accurate.

Choose only ONE.

[ ] I was adjudicated for a felony offense and it has been **at least 2 years** since I was discharged from probation. I have not been adjudicated delinquent for a dangerous offense under A.R.S. §

	13-704, a serious offense as defined in A.R.S. § the second degree, or arson.  OR	13-706, burglary in the first degree, burglary in
[]	I was adjudicated delinquent for a dangerous offense as defined in A.R.S. § 13-706, burglary or arson <b>AND I am at least thirty (30) years o</b>	in the first degree, burglary in the second degree
I understand that even if I am granted the right to possess a firearm by the juvenile court in this case, I may still be prohibited from possessing a firearm under other state and federal laws.		
Date		Applicant's Signature
Date applica	able)	Signature of Applicant's Attorney (if
	CERTIFICATE (	OF SERVICE
I provi	ided a copy of this Application to the County Att	orney on day of
[ ] ma [ ] hai	ail nd delivery.	
D.		
Date Arizon	na Supreme Court Page 1 of 2	Applicant or Applicant's Attorney Signature