

**SUPERIOR COURT OF ARIZONA
PIMA COUNTY**

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

In the Matter of _____

Case No. MH _____

<p>PETITION FOR RESTORATION OF RIGHT TO POSSESS FIREARMS PURSUANT TO A.R.S. § 13-925.</p>
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1. My name is _____ and I hereby apply to the Court for the restoration of my civil right to possess a firearm pursuant to A.R.S. § 13-925, which was previously revoked by order of the Court in the above-referenced matter in connection with an Order for Treatment entered on _____.

2. The previously-entered Court Order for Treatment included a finding of [Check all that apply]:

Danger to self

Danger to Others

Persistently and Acutely Disabled

Gravely Disabled

3. I submit to the Court that I am no longer subject to Court Ordered Treatment pursuant to this matter or any subsequent mental health order of this Court.

4. I submit to the Court that I no longer suffer from the mental disorder that led to the previous findings of this Court at the time the Order for Treatment was entered in this matter, as supported by the accompanying statement of the Arizona licensed psychologist or psychiatrist who has had an opportunity to evaluate me in connection with this Application.

5. I submit to the Court that I am not under the jurisdiction of the Court as a ward or protected person in any active adult guardianship or conservatorship proceeding.

6. I represent to the Court that a copy of this petition and the accompanying Report of Psychiatrist or Psychologist is being concurrently personally served on the Office of the Pima County Attorney Mental Health Division, the Pima County Mental Health Defender's Office, the Mental Health Unit in the Pima County Clerk's Office, and the Presiding Probate Judge. A copy of this Petition is also being mailed or delivered to any person who requested notice in this case pursuant to A.R.S. § 36-541.01.

7. I request that after receiving this Petition, the Court set a hearing in this matter to consider whether my right to possess firearms should be restored pursuant to A.R.S. § 13-925.

Dated this ___ day of _____, 20___.

Name of Petitioner

STATE OF ARIZONA

County of _____

_____, being duly sworn, states as follows:

That he/she is the Petitioner in the foregoing Petition; and that the statements in the Petition are accurate and complete to the best of his/her knowledge and belief.

Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of 20___, by _____.

(Notary Public)

Certificate of Delivery:
Original filed with Clerk of the Court
On the _____ day of _____, 20___.

Copies of this Application were mailed
Or delivered to the following on the
_____ day of _____, 20___:

____ Presiding Judge for Probate/Mental Health
Arizona Superior Court in Pima County
110 W. Congress St.,
Tucson, AZ 85701

____ Pima County Clerk's Office – Mental Health Unit
Arizona Superior Court in Pima County
2225 W. Ajo Way
Tucson, AZ 85713

____ Pima County Mental Health Defender's Office
3950 S. Country Club Rd., #360 Suite 3460
Mail Code: 120 Mailstop #: ABRB-3950-JK#
Tucson, AZ 85714

____ Pima County Attorney – Mental Health Div.
2502 N. Dodge Blvd., Suite 190
Tucson, Arizona 85716

____ Arizona Department of Safety
6401 S Tucson Blvd.
Tucson, AZ 85706

FOR CLERKS USE ONLY

GUIDELINES FOR REPORT OF PSYCHIATRIST OR PSYCHOLOGIST IN SUPPORT OF PETITION FOR RESTORATION OF RIGHT TO POSSESS FIREARMS PURSUANT TO A.R.S. § 13-925.

INSTRUCTIONS TO PETITIONER: Fill in the information below and give this document to the PSYCHOLOGIST OR PSYCHIATRIST whom you have chosen to support your Petition to Restore Right to Possess Firearms pursuant to A.R.S. § 13-925. **THIS COMPLETED FORM MUST ACCOMPANY YOUR PETITION AT THE TIME YOU FILE IT WITH THE CLERK OF THE COURT.**

COURT CASE NUMBER: _____

**NAME OF PSYCHIATRIST
OR PSYCHOLOGIST:** _____

**NAME OF PATIENT/
PETITIONER:** _____

PETITIONER'S TELEPHONE NUMBER: _____

INSTRUCTIONS TO PHYSICIAN: A court case has been filed that asks the court to determine by clear and convincing evidence whether the Petitioner, who was formerly under a Court Order for mental health treatment, should have his or her right to possess firearms restored pursuant to A.R.S. § 13-925. Specifically, the Court must determine whether or not the Petitioner continues to be diagnosed with the mental disorder that led to the finding that the person was in need of court ordered treatment. Before the court grants such a petition, the court must decide if the Petitioner continues to be diagnosed with a mental disorder that was previously determined to exist when the Court Order for treatment was originally entered. Therefore, the court needs to know how you, as the psychiatrist or psychologist who has examined the Petitioner, currently diagnose that person's present mental health condition, whether or not the subject person continues to be diagnosed with a mental disorder or serious mental illness, and whether in your opinion the Petitioner is likely to act in a manner that is dangerous to the public. [see A.R.S. § 13-925]

The court realizes that your time is valuable and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs to make a determination in this matter.

After you complete the report, give the original report to the Petitioner, and he or she will see to it that necessary copies are properly distributed. Please do not file your report with the Clerk of the Court. **PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.**

QUESTIONS FOR PSYCHIATRIST OR PSYCHOLOGIST TO ANSWER:

CASE NUMBER: _____

- 1. What is the date you last saw your patient?
- 2. How long have you been his or her psychiatrist or psychologist?
- 3. What is your area of specialty? Are you Board Certified in this area? Yes No

In any other area?

- 4. In your opinion, does the person appear to be currently diagnosed with a mental disorder or serious mental illness? If so, what is your diagnosis of this person's mental disorder?

- 5. To your knowledge, has the person been treated or hospitalized before for this mental disorder? Yes No
If yes, when and where?

- 6. In your opinion, does the person's current mental illness or disorder necessitate the prescription of medications or other treatment for the maintenance of this mental health condition? Yes No
If yes, please list the current medications or treatment prescribed to this person for his or her mental health condition

7. Do you believe that the prescribed medication is affecting the person's ability to respond coherently?

Yes No

8. Do you believe that any changes made in the type or amount of medications the person is receiving would noticeably affect his or her mental or physical abilities? Yes No

9. Do you believe that the person's mental health diagnosis or condition is likely to change within 6 months to a year?

Yes No

10. Give a comprehensive assessment of any functional impairments that you believe exist as a result of this person's mental illness or disorder.

11. Please make any additional comments or suggestions you feel would be valuable to the court in determining whether or not the Petitioner's right to possess firearms should be restored:

DATE REPORT PREPARED: _____

SIGNATURE OF PHYSICIAN

PRINTED NAME OF PHYSICIAN

**SUPERIOR COURT OF ARIZONA
PIMA COUNTY**

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

In the Matter of:

CASE
NUMBER: MH _____

REQUEST AND ORDER FOR HEARING

Petitioner

Respondent

NOTICE: You must file this document to:

**The Clerk of the Court, Mental Health Unit, Arizona Superior Court in Pima County
2225 W. Ajo Way, Tucson, AZ 85713**

Date _____ Signature _____

Print your name: _____

THE COURT COMPLETES THE FOLLOWING SECTION

IT IS ORDERED scheduling a hearing on the above matter.

Hearing Date: _____

Hearing Location: _____ Division: _____

Hearing Time: _____

B. To the Arizona Department of Public Safety.

Signature: _____

Print Name: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____

by _____.

My Commission Expires:

Deputy Clerk/Notary Public

- Presiding Judge for Probate/Mental Health
Arizona Superior Court in Pima County
110 W. Congress St., Tucson, AZ 85701
- Pima County Clerk's Office- Mental Health Unit
Arizona Superior Court in Pima County
2225 W. Ajo Way, Tucson, AZ 85713
- Pima County Mental Health Defender's Office
3950 S. County Club Rd. #360 Suite 3460
Mail Code: 120 Mailstop #: ABRB-3950-JK3
- Pima County Attorney- Mental Health Division
2502 N. Dodge Blvd., Suite 190
Tucson, Arizona 85716
- Arizona Department of Safety
6401 S Tucson Blvd.
Tucson, AZ 85706