

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Representing [ ] Self or [ ] Lawyer for  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

**MESA MUNICIPAL COURT OF ARIZONA  
IN MARICOPA COUNTY**

**STATE OF ARIZONA**

Case Number: \_\_\_\_\_

-vs-

**APPLICATION TO SET ASIDE JUDGMENT**

\_\_\_\_\_  
Defendant

Date of Birth: \_\_\_\_\_

Defendant, in connection with the above-captioned case, requests as follows, THAT:

1. The judgment of guilt be set aside.
2. Defendant be released from all penalties and disabilities resulting from the conviction, EXCEPT that the conviction may be pleaded and proved in any subsequent prosecution of Defendant for any offense as if the judgment of guilt had not been set aside.

This application is made in conformance with the Arizona Revised Statutes § 13-905 and is addressed to the Judge who pronounced sentence or imposed probation or to said Judge's successor in office.

Applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

The applicant is: ☐ Defendant ☐ Attorney for Defendant

The Defendant was convicted of \_\_\_\_\_ on \_\_\_\_\_ in the Mesa Municipal Court and the following sentence was imposed: \_\_\_\_\_

1. Have you complied with all required terms of the **sentence** including all probation, employment, classes, community restitution, victim restitution or other monetary obligations, drug/alcohol testing, or other terms?

☐ **Yes** ☐ **No**. If no, please explain: \_\_\_\_\_

2. Have you previously applied to set aside this conviction? ☐ **Yes** ☐ **No**. If so, what was the date of your last application? \_\_\_\_\_

3. Are there any prior, pending, or subsequent criminal cases against you? ☐ **Yes** ☐ **No**. If yes, please explain: \_\_\_\_\_

4. Is there anything you would like the court to take into consideration (attach pertinent documentation)?

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5. Have you previously received a *Certificate of Second Chance*, for any other judgment, of any kind, including a judgment on a felony offense? ☐ **Yes** ☐ **No**. If yes, please explain:

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If your application is granted, the Court's Order Setting Aside Judgment must include a Certificate of Second Chance if you have not previously received a Certificate of Second Chance for any other judgment, of any kind, including a judgment on a felony offense. Additional details about the Certificate of Second Chance is provided by A.R.S. § 13-905(K).

**I declare under penalty of perjury that the information provided in this application and any attachments is true and correct.**

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Defendant's Name Printed

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Defendant's Signature and Date

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Address

**OR**

**AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT**

I authorize [ ] Attorney, to petition the Mesa Municipal Court in Maricopa County, to take the above-indicated action.

Date Defendant's Signature \_\_\_\_\_

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

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Print Attorney Name

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Attorney Signature

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Attorney Address