



Chandler Municipal Court | 200 E. Chicago Street, Chandler, AZ. 85225

(480) 782-4700 | Fax: (480) 782-4752 | Court@ChandlerAZ.gov | www.ChandlerAZ.gov

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|--|------------------|--|
| State of Arizona vs. _____ _____ _____ (attorney info if represented) | Case(s) #: _____ | APPLICATION FOR CERTIFICATE OF SECOND CHANCE A.R.S. § 13-905 |
|--|------------------|--|

Date of Birth: _____

Applicant is: Defendant Attorney for Defendant

The Defendant in the case identified above hereby requests a Certificate of Second Chance pursuant to A.R.S. § 13-905.

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.

Defendant DID NOT previously receive a Certificate of Second Chance on the set aside of a felony conviction.

Please note: To qualify for a Certificate of Second Chance, those applicants who were convicted of a class 4, 5, or 6 felony must wait to submit an application until two years after fulfilling the conditions of probation or sentence. Those applicants who were convicted of a class 2 or 3 felony must wait five years after fulfilling the conditions of probation or sentence. Applicants convicted of a misdemeanor may immediately apply.

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: _____
- Count II: _____
- Count III: _____
- Count IV: _____

Additional counts continue on a separate page.

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.

Print Defendant's Name

Defendant's Signature

Address

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

Defendant's Signature

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

Print Attorney Name

Attorney Signature

Attorney Address