



Person Filing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

<b>Petitioner</b>
_____
<b>(First, MI, Last)</b>
<b>Date of Birth:</b> _____

<b>CASE Number:</b>
_____
<b>Petition to Expunge Marijuana-Related Offense Records Pursuant to ARS § 36-2862</b>

For Court Use
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The above-named Petitioner pursuant to ARS § 36-2862 hereby requests that the Court order expungement of Petitioner’s criminal history records. As grounds for this Petition, Petitioner states as follows:

**A. REQUIRED INFORMATION**

1. **Eligible Charge.** I hereby request that the police and court records for the following offense, eligible under ARS § 36-2862, be expunged (*choose from the following; if you had more than one eligible offense under more than one case number, file a separate petition for each offense*):

[ ] Possessing, consuming, or transporting two and one-half ounces or less of marijuana, of which not more than twelve and one-half grams was in the form of marijuana concentrate.

[ ] Possessing, transporting, cultivating, or processing not more than six marijuana plants at my primary residence for personal use.

[ ] Possessing, using, or transporting paraphernalia related to the cultivation, manufacture, processing, or consumption of marijuana.

2. Name of citing or arresting police agency: \_\_\_\_\_.

3. Court case number: \_\_\_\_\_.

**B. ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE CHARGE(S):**

*(complete all fields known to you)*



1. I was arrested on [insert date]: \_\_\_\_\_.
2. Name of prosecuting agency: \_\_\_\_\_.
3. One or more non-eligible charges were filed against me in this same case  
[ ] Yes [ ] No.
4. I was convicted of the eligible offense(s) [ ] Yes [ ] No. If Yes, insert date of conviction here: \_\_\_\_\_.
5. My case was dismissed on the eligible charge(s) [ ] Yes [ ] No. If Yes, insert date of dismissal here: \_\_\_\_\_.
6. There is an outstanding arrest warrant in this case [ ] Yes [ ] No.
7. There is an active payment plan in this case [ ] Yes [ ] No.

### **C. SUPPORTING DOCUMENTATION**

Attached is documentation that supports my Petition (*The court may find it helpful to have documents that support your request for expungement, for example, the complaint against you, judgment and sentencing order, payment plan, or any other official document showing a superior court case number, crime lab report showing weight of marijuana seized; or DPS or FBI case extract. However, you are not required to provide any supporting documents*)

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### **D. HEARING REQUEST**

I understand that I can request a hearing on my Petition, but the court may choose to proceed without a hearing. I hereby request a hearing [ ] Yes [ ] No.

### **E. DECLARATIONS AND ACKNOWLEDGEMENTS**

**I declare under penalty of perjury that the information I have provided in this Petition and any attachments is true and correct to the best of my knowledge.**

**I understand that this Petition may be dismissed if the information I have provided is insufficient. I also understand that this Petition may be denied if information in this Petition is found to be inaccurate.**

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(Petitioner's Signature)

(Date)



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

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(480) 782-4700 | Fax: (480) 782-4752 | [www.chandleraz.gov](http://www.chandleraz.gov)

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*(Petitioner's Mailing Address)*

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*(Petitioner's Phone Number)*

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*(Petitioner's Email address)*

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

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*(Attorney's name printed)*

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*(Attorney's signature and date)*

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*(Attorney's Bar Number)*

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*(Attorney's Mailing Address)*

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*(Attorney's Phone Number and Email Address)*