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

JEROME MUNICIPAL COURT OF ARIZONA
IN YAVAPAI COUNTY

STATE OF ARIZONA

-vs-

_____
Defendant (FIRST, MI, LAST)

Date of Birth:_____

Applicant is:

[ ] Defendant

[ ] Attorney for Defendant

Case Number: _____

APPLICATION FOR CERTIFICATE OF SECOND CHANCE
A.R.S. § 13-905(L)

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

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.

Case Number: _____

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

<div align="center">

OR

AUTHORIZATION TO PROCEED ON BEHALF OF DEFENDANT

</div>

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