Peı	rson Filing:						
	iling Address:						
Cit	y, State, Zip Code:						
	ail Address:						
Tel	ephone Number(s):						
State Bar or LDP Number:			(Attorney or LDP only)				
Pa	ty you are representing:	(Attorney or LDP only)					
S V	A COUNTY CONSOLIDATED JUST TATE OF ARIZONA 'S. efendant (FIRST, MI, LAST)	CASE NUMBER	Petition to Expunge Marijuana-Related Offense Records Pursuant to ARS § 36-2862				
Da	nte of Birth:						
A. REQUIRED INFORMATION 1. Eligible Charge. I hereby request that the law enforcement and court records for the follow eligible under ARS § 36-2862, be expunged (choose from the following; if you had more that							
	offense under more than one case number, file a separate petition for each offense):						
	☐ Possessing, consuming, or transposition twelve and one-half grams	unces or less of marijuana, of which not more ana concentrate.					
 Possessing, transporting, cultivating, or processing not more than six marijuana plants at my residence for personal use. Possessing, using, or transporting paraphernalia related to the cultivation, manufacture, processing consumption of marijuana. 							
						2.	Name of citing or arresting law enforcement agency:
3.	Court case number:						
4.	The name I used at the time of arr	rest was (if different):	•				

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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)						
5.	My case was dismissed on the eligible charge(s)						
6.	There is an outstanding arrest warrant in this case						
7.	There is an active payment plan in this case						
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)							
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 h	reby request a hearing						

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.

(Petitioner's Signature)	(L	Date)	
(Petitioner's Mailing Address)			
(Petitioner's Phone Number)			
(Petitioner's Email address)			
To the best of my knowledge, th	e information provided in this p	petition is true and correct.	
(Attorney's name printed)	(Attorney's signature and a	date)	
(Attorney's Bar Number)			
(Attorney's Mailing Address)			
(Attorney's Phone Number and E	mail Address)		
	Court use onl	ly:	
Original: Court			
Copy of petition to:			
County Attorney via: mail _	email pick-up bin		
Defendant via: mail	email pick-up bin		
Date: Clerk:			