

STATE OF ARIZONA	Plaintiff
-vs-	
Defendant (FIRST, MI, LAST)	DOB

COMPLAINT NO.

PETITION TO EXPUNGE MARIJUANA-RELATED OFFENSE RECORDS PURSUANT TO A.R.S. § 36-2862

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

REQUIRED INFORMATION

Eligible Offense. I hereby request that the police and court records for the following offense, eligible under A.R.S. § 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.

ADDITIONAL INFORMATION RELATED TO THE ELIGIBLE OFFENSE(S) (complete all fields known to you):

Name of citing or arresting police agency _____ Complaint No. _____

I was arrested on ____ / ____ / _____. Name of prosecuting agency: _____

One or more non-eligible charge(s) were filed against me in this same case Yes No.

I was convicted of the eligible offense(s): Yes No. If Yes, date of conviction here: ____ / ____ / ____.

My case was dismissed on the eligible offense(s): Yes No. If Yes, insert date of dismissal here: ____ / ____ / ____.

There is an outstanding arrest warrant in this case: Yes No; There is an active payment plan in this case: Yes No.

SUPPORTING DOCUMENTATION

Attached is documentation that supports my Petition (for example, complaint, judgment and sentencing order, payment plan, or any other official document showing a Phoenix Municipal Court case number, crime lab report showing weight of marijuana seized; DPS or FBI case extract for a Phoenix Municipal Court case).

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.

DECLARATIONS AND ACKNOWLEDGMENTS

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 _____ Date _____ Petitioner’s Phone No. _____ Petitioner’s Email Address _____

Petitioner’s Mailing Address _____

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

Attorney’s Signature _____ Date _____ Attorney’s Printed Name _____ Bar Number _____

Attorney’s Mailing Address _____

Attorney’s Phone Number _____ Email Address _____

To request this document in an alternative format, please call 602-262-1625 or TTY: Use 7-1-1.