

H19

**JUVENILE
APPLICATION TO RESTORE
FIREARM RIGHTS
(A.R.S. § 8-249)**

FORMS AND INSTRUCTIONS

Completing and Filing the Court Papers

RESTORATION OF FIREARM RIGHTS

INSTRUCTIONS: HOW TO COMPLETE THE APPLICATION FORM

1. The form may be completed by the applicant, or the applicant's attorney. An attorney is not required.
2. Determine if you meet the requirements for the request you are making. (See *Legal Requirements for Restoration of Rights to Possess a Firearm* document.)
3. Complete the Application form **legibly**.
4. Sign the Application. If the Application was completed by an attorney, the attorney must sign the Application also.
5. **You must file the original and two (2) copies** of the Application with the superior court clerk (clerk) in the county where you were adjudicated.
6. The clerk will return two copies of the Application to you: one copy for the County Attorney and one copy for your records.
7. **You must serve a copy of the Application on the County Attorney.**
8. In **BLACK OR BLUE INK**, please complete the form following the instructions below.

If you have been adjudicated in more than one county, you must file a separate Application with the clerk in each county in which you were adjudicated.

You may obtain your case number(s) from the clerk in the county in which you were adjudicated.

Heading: At the top of the form, please fill in your name; mailing address (if address is not protected), city, state, zip code, telephone number and email address. If you are an attorney filing on behalf of the applicant fill in your State Bar Number.

Fill in your first and last name on the line above "Applicant."

Fill in your date of birth on the line above "Applicant's Date of Birth."

Fill in your case number(s) on the line after "JV."

STATEMENTS TO AND REQUEST(S) OF THE COURT

Check the box that is **true**.

Date and sign the form.

CERTIFICATE OF SERVICE

Complete the information under this heading indicating the date and manner in which you provided a copy of your Application to the County Attorney.

For Clerk's Use Only

Person Filing: _____

Mailing address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

If Attorney, State Bar Number: _____

**SUPERIOR COURT OF ARIZONA
IN GRAHAM COUNTY**

In the Matter of:

Case Number(s): JV _____

(Applicant's Name)

**APPLICATION TO RESTORE
FIREARM RIGHTS**

(A.R.S. § 8-249)

(Applicant's Date of Birth)

(USE BLACK OR BLUE INK: PRINT LEGIBLY)

STATEMENTS TO AND REQUEST(S) OF THE COURT

I request the court restore my right to possess a firearm pursuant to A.R.S. § 8-249. The statement checked below is true and accurate.

Choose only ONE.

I was adjudicated for a felony offense and it has been **at least 2 years** since I was discharged from probation. I have not been adjudicated delinquent for a dangerous offense under A.R.S. § 13-704, a serious offense as defined in A.R.S. § 13-706, burglary in the first degree, burglary in the second degree, or arson.

OR

I was adjudicated delinquent for a dangerous offense under A.R.S. § 13-704 or a serious offense as defined in A.R.S. § 13-706, burglary in the first degree, burglary in the second degree or arson **AND I am at least thirty (30) years of age.**

I understand that even if I am granted the right to possess a firearm by the juvenile court in this case, I may still be prohibited from possessing a firearm under other state and federal laws.

Date

Applicant's Signature

Date

Signature of Applicant's Attorney (if applicable)

CERTIFICATE OF SERVICE

I provided a copy of this Application to the County Attorney on _____ day of _____, _____ by

mail

hand delivery.

Date

Applicant or Applicant's Attorney Signature