

Person Filing/Applicant:
Mailing Address:
City, State, Zip Code:
Day/Evening Phone: /
Represented by SELF (No Attorney) OR Attorney
If Attorney, Bar No.: Atty. Phone:

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of _____ Case No. MH _____

**PETITION FOR RESTORATION
OF RIGHT TO POSSESS
FIREARMS PURSUANT TO
A.R.S. § 13-925.**

1. My name is _____, and I hereby apply to the Court for the restoration of my civil right to possess a firearm pursuant to A.R.S. § 13-925, which right was previously revoked by order of the Court in the above-referenced matter in connection with an Order for Treatment entered on _____.
2. The previously-entered Court Order for Treatment included a finding of [check all that apply]
 - Danger to Self
 - Danger to Others
 - Persistently and Acutely Disabled
 - Gravely Disabled
3. I submit to the court that I am no longer subject to Court Ordered Treatment pursuant this matter or any subsequent mental health order of this Court.
4. I submit to the court that I no longer suffer from the mental disorder that led to the previous findings of this Court at the time the Order for Treatment was entered in this matter, as supported by the accompanying statement of the Arizona licensed psychologist or psychiatrist who has had an opportunity to evaluate me in connection with this Application.
5. I submit to the court that I am not under the jurisdiction of the court as a ward or protected person in any active adult guardianship or conservatorship proceeding.

6. I represent to the Court that a copy of this Petition and the accompanying Report of Psychiatrist or Psychologist is being concurrently personally served on the Office of the Maricopa County Attorney, or the Office of the Arizona Attorney General if this case involved proceedings at the Arizona State Hospital. A copy of this Petition is also being mailed or delivered to any person who requested notice in this case pursuant to A.R.S. §36-541.01.

7. I request that after receiving this Petition, the Court set a hearing in this matter to consider whether my right to possess firearms should be restored pursuant to A.R.S. §13-925.

DATED this ___ day of _____, 20__.

 [Name of Petitioner]

STATE OF ARIZONA)
) ss.
 County of _____)

_____, being duly sworn, states as follows:

That he/she is the Petitioner in the foregoing Petition; and that the statements in the Petition are accurate and complete to the best of his/her knowledge and belief.

 Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__, by _____.

Certificate of Delivery:
 Original filed with Clerk of the Court
 on the ___ day of _____, 20__.

Copies of this Application were mailed
 or delivered to the following on the
 ___ day of _____, 20__:

Presiding Judge for Probate/Mental Health
 125 W. Washington, Suite 102
 Phoenix, AZ 85003

Office of the Public Defender
Desert Vista Behavioral Health Center
570 W. Brown Road
Mesa, AZ, 85201

Office of the County Attorney
Civil Division
Desert Vista Behavioral Health Center
570 W. Brown Road
Mesa, AZ, 85201

OR TO:

Joel Rudd, Esq.
Office of the Attorney General
1275 W. Washington Street
Phoenix, AZ, 85007-2926