

## **Arizona Department of Corrections Rehabilitation and Reentry**

## **Request for Absolute Discharge**

## **Please Print Clearly**

NAME (Last, First M.I.)	ADCRR NUMBER
STREET ADDRESS	CITY
STATE AND ZIP CODE	EMAIL ADDRESS
TELEPHONE NUMBER (area code)	ALTERNATE TELEPHONE NUMBER (area code)
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER (optional)
SIGNATURE	
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Select option for how you want to receive the Absolute Discharge Certificate:	
☐ Please email my Absolute Discharge Certificate to me at the address I have indicated above.	
☐ Please mail my Absolute Discharge Certificate to me at the address I have indicated above.	
☐ I would like to pick up my Absolute Discharge Certificate.	
☐ All of the above.	

By filling out this form and with your signature you are requesting the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) to search and provide you information with regards to your Absolute Discharge. Once the form has been filled out the form can be emailed to <a href="mailto:ADCABSDISCH@azadc.gov">ADCABSDISCH@azadc.gov</a> to begin the review process or the form can be mailed to:

Arizona Department of Corrections, Rehabilitation and Reentry 701 East Jefferson Street Phoenix, Arizona 85034, MC: 225

Upon receipt of the signed form it will be assigned to our staff to begin the review.

Pursuant to A.R.S. §13-906, if you qualify to receive an Absolute Discharge you will receive one in the mail and or email in the next 14-21 days. If you would like to check the status, wait at least five (5) business days from submittal and then you may contact Central Office Time Computation at (602) 542-1870.

When you are applying for the restoration of your civil rights, you should have your Certificate of Absolute Discharge with you to present to the court for the hearing process.