

Court <input type="checkbox"/> District <input type="checkbox"/> County Colorado County: _____ Court Address: _____	
Petitioner/Plaintiff: _____ & Respondent/Defendant: _____	↑ Court Use Only ↑
My Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Atty. Reg.#: _____	Case Number: _____ Division: _____ Courtroom: _____
Affidavit of Relinquishment of Firearms and/or Ammunition (Civil Permanent Protection Order)	

By law, this form must be filed with the Court **within seven (7) business days** after the Court issues an order to relinquish firearms and/or ammunition pursuant to C.R.S. § 13-14-105.5(5)(b).

I, _____ declare under oath as follows:

1. By checking this box, I am acknowledging I **did not** possess a firearm at the time the order to relinquish firearms was issued.

2. By checking this box, I am acknowledging I possessed a firearm at the time at the time of the qualifying incident giving rise to the duty to relinquish the firearm, but sold or transferred the firearm to a private party prior to the Court's order to relinquish firearms.

You must acquire a written receipt *and* signed declaration that complies with C.R.S. § 13-14-105.5(8)(a)(I) and file it along with this affidavit **within seven (7) business days** of the Court's order to relinquish firearms and/or ammunition.

3. By checking this box, I am acknowledging that there is/are _____ (number of) firearm(s) in my immediate possession or control or subject to my immediate possession or control.

4. The **make, model,** and **location** of each firearm is as follows:

MAKE	MODEL	LOCATION

5. If the above firearm(s) remain in your immediate possession or control, provide the reason below:

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- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content.
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6. Verified Signature

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at
(date) (month) (year)

_____, _____
(city or other location, and state or country)

Print Name: _____

Signature: _____

Attorney Signature: _____
(If any) (date)