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| --- | --- |
| **Court**  District  County  Colorado County:  Court Address: | Court Use Only |
| The People of the State of Colorado  v.  Defendant: |
| My Name:  Address:  Phone Fax:  Email: Atty. Reg.#: | Case  Number:  Division:  Courtroom: |
| **Affidavit of Relinquishment of Firearms and/or Ammunition**  (Criminal Mandatory 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. § 18-1-1001(9)(e)(II).

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 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. § 18-1-1001(9)(h)(I)(A) 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** |
|  |  |  |
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**5.** If the above firearm(s) remain in your immediate possession or control, provide the reason below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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)*