Court District	County			
Court Address.				
& Respondent/Defendant:		Court Use Only		
	_	Case		
		Number:		
	Fax:	Division:		
	Atty. Reg.#:	Courtroom:		
	,,			
Signed Declarat	ion - Firearm and/or Ammunition	Relinquishment		
	(Civil Permanent Protection Order)			
This force is all to file to the	O. 4. 111.	Maratha Caratha an an an an an an		
	Court within seven (7) business days at unition pursuant to C.R.S. § 13-14-105.5.	ter the Court issues an order to		
I,	declare under oath as follow	vs:		
Name of Person Relinquishing	the Firearms:			
Address:				
	t Issued ID Number:			
Pursuant to C.R.S. §13-14-105.5(4)(a), I have sold or transferred possession of the firearm(s) or ammunition listed below to federally licensed firearms dealer:				
Pursuant to C.R.S. §13-14-105.5(4)(b), I have arranged for the storage of the firearm(s) or ammunition listed below with law enforcement agency:				
Pursuant to C.R.S. §13-14-105.5(4)(b), I have arranged for the storage of the firearm(s) or ammunition listed below with storage facility:  which law enforcement agency:  storage of transferred firearms or ammunition.				
Pursuant to C.R.S. §13-14-105.5(4)(c), I have sold or transferred possession of the firearm(s) or ammunition listed below through a federally licensed firearms dealer to private party: who may legally possess the firearm or ammunition <b>and</b> have complied with all the provisions of C.R.S. §18-12-113 concerning private firearms transfers, including but not limited to the performance of a criminal background check of the transferee.				

Make	Model	Serial Number
(Continue on page 4 if additional		

(Continue on page 4 if additional space is needed)

By checking this box, I am ackno else on the form.	wledging I am filling in	the blanks and not o	changing anything
☐ By checking this box, I am ackno	wledging that I have m	ade a change to the	original content.
	Verified Signature		Anno and annot
I declare under penalty of perjury und	der the law of Colorado	that the foregoing is	strue and correct.
Executed on the d	lay of	, (1004)	, at
(dale)	(month)	(year)	
(city or other location,	and state or	country)	<del></del>
Print Name:			
Signature:		· · · · · ·	
Attorney Signature:			
Attorney Signature:(If any)		(date)	
Acknowledgement of	f Receipt of Firear	ms and/or Amm	unition
Received by, federally licensed firearm			
Signature:	Date and Time	:	
Received by, law enforcement agency:			
Signature:	Date and Time	·	
Received by, storage facility contracted	d by law enforcement	agency:	
Signature:	Date and Time	:	
Received by, <b>private party</b> :			
Signature:	Date and Time	·	

## (Continued from Page 2)

Make	Model	Serial Number